

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/25/2019 3:35 pm
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended
 6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 11/25/2019 Time: 3:35 pm

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. VINCENT EVANSVILLE (15-0100) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	504,938	-212,993	0	0	1.00
2.00 Subprovider - IPF	0	4,531	17		0	2.00
3.00 Subprovider - IRF	0	-51,319	27		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	458,150	-212,949	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100			Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 3:35 pm			
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 3700 WASHINGTON AVE			PO Box:				1.00		
2.00	City: EVANSVILLE			State: IN		Zip Code: 47750		County: VANDERBURGH		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital			ST. VINCENT EVANSVILLE	150100	21780	1	07/01/1966	N P O	3.00
4.00	Subprovider - IPF			ST. VINCENT EVANSVILLE - STRESS CTR	15S100	21780	4	07/01/1987	N P O	4.00
5.00	Subprovider - IRF			ST. VINCENT EVANSVILLE - REHAB UNIT	15T100	21780	5	07/01/1999	N P O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019		20.00
21.00	Type of Control (see instructions)						1			21.00
							1.00	2.00		
							2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.03	
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.									
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,911	1,165	880	2,117	9,063	68	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100			Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 3:35 pm		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	62	8	14	120	356		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
<u>Prospective Payment System (PPS)-Capital</u>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<u>Teaching Hospitals</u>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)			Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1		60.01	

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N		81.00	
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.					N		87.00	
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.					N	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.					N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.					N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.					N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.					N	Y	98.06	
Rural Providers									
105.00	Does this hospital qualify as a CAH?					N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					N		106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.					N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.					N		108.00	
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					N	N	N	N
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.						N		110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 3:35 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	2,023,553	0		118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.00	122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H056	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0100		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/25/2019 3:35 pm		
1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: ST. VINCENT HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		141.00		
142.00	Street: 250 WEST 96TH SREET, STE 215	PO Box:				142.00		
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46260		143.00		
144.00 Are provider based physicians' costs included in Worksheet A?								
						1.00	144.00	
						Y		
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								
						1.00	145.00	
						Y		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						2.00	146.00
						N		
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								
						1.00	147.00	
						N		
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								
						1.00	148.00	
						N		
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								
						1.00	149.00	
						N		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	Part A	Part B	Title V	Title XIX	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER	N	N	N	N	158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC	N	N	N	N	161.00		
Multi campus								
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								
						1.00	165.00	
						N		
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
							0.00	
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
						1.00	167.00	
						Y		
168.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						2.00	168.00
						0		
168.01	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						1.00	168.01
						N		
169.00	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						2.00	169.00
						9.99		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00	169.00
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								
						1.00	170.00	
						10/01/2017	09/30/2018	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								
						1.00	171.00	
						N	0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0100		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 3:35 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			Y			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
						Y/N	
						1.00	
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			Y	10/08/2019	Y	10/08/2019
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N		N	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/25/2019 3:35 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JILL	HILL		41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. VINCENT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-583-3519	JILL.HILL1@ASCENSION.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-2
Part II
Date/Time Prepared:
11/25/2019 3:35 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 3:35 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	292	106,580	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		292	106,580	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	60	21,900	0.00	0	8.00
8.02 NICU	31.02	40	14,600	0.00	0	8.02
9.00 CORONARY CARE UNIT	32.00	8	2,920	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY					0	13.00
14.00 Total (see instructions)		400	146,000	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF	41.00	24	8,760		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		438				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 3:35 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,701	1,077	37,935			1.00
2.00 HMO and other (see instructions)	8,046	11,908				2.00
3.00 HMO IPF Subprovider	482	656				3.00
4.00 HMO IRF Subprovider	366	498				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,701	1,077	37,935			7.00
8.00 INTENSIVE CARE UNIT	5,135	235	11,094			8.00
8.02 NICU	0	447	4,981			8.02
9.00 CORONARY CARE UNIT	503	0	1,170			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,469	2,372			13.00
14.00 Total (see instructions)	21,339	3,228	57,552	6.00	1,527.15	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	898	1,221	3,994	0.00	18.76	16.00
17.00 SUBPROVIDER - IRF	2,791	62	4,930	0.00	22.83	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				6.00	1,568.74	27.00
28.00 Observation Bed Days		0	9,438			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,052			30.00
31.00 Employee discount days - IRF			20			31.00
32.00 Labor & delivery days (see instructions)	0	68	1,213			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part I
Date/Time Prepared:
11/25/2019 3:35 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	5,130	259	14,970	1.00
2.00 HMO and other (see instructions)				1,719	2,506		2.00
3.00 HMO IPF Subprovider					57		3.00
4.00 HMO IRF Subprovider					41		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.02 NICU							8.02
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	5,130	259		14,970	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	87	105		612	16.00
17.00 SUBPROVIDER - IRF	0.00	0	232	5		387	17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days				0			33.00
33.01 LTCH site neutral days and discharges				0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 3:35 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	100,061,709	354,384	100,416,093	3,262,971.00	30.77
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		693,281	0	693,281	3,952.00	175.43
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		1,508,028	0	1,508,028	14,164.00	106.47
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	373,603	0	373,603	14,563.00	25.65
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		5,934	0	5,934	151.00	39.30
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		13,038,692	252,210	13,290,902	425,375.00	31.25
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		365,010	0	365,010	5,582.00	65.39
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		32,074,814	0	32,074,814	683,219.00	46.95
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		33,061,011	0	33,061,011		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		5,044,307	0	5,044,307		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		122,119	0	122,119		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		309,217	0	309,217		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		163,124	0	163,124		
25.50	Home office wage-related (core)		10,552,676	0	10,552,676		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	-348,738	354,384	5,646	84.00	67.21
27.00	Administrative & General	5.00	7,768,169	0	7,768,169	278,053.00	27.94

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part II
Date/Time Prepared:
11/25/2019 3:35 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		2,919,809	0	2,919,809	17,369.00	168.10	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	987,852	0	987,852	45,994.00	21.48	30.00
31.00	Laundry & Linen Service	8.00	677,588	0	677,588	48,317.00	14.02	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		3,609,921	0	3,609,921	172,420.00	20.94	33.00
34.00	Dietary	10.00	28	-18	10	1.00	10.00	34.00
35.00	Dietary under contract (see instructions)		3,218,597	0	3,218,597	133,790.00	24.06	35.00
36.00	Cafeteria	11.00	0	18	18	2.00	9.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,546,042	0	2,546,042	87,992.00	28.93	38.00
39.00	Central Services and Supply	14.00	1,589,446	0	1,589,446	78,861.00	20.16	39.00
40.00	Pharmacy	15.00	4,206,801	0	4,206,801	102,760.00	40.94	40.00
41.00	Medical Records & Medical Records Library	16.00	518,309	0	518,309	17,254.00	30.04	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet S-3
Part III
Date/Time Prepared:
11/25/2019 3:35 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	107,922,471	354,384	108,276,855	3,557,672.00	30.43	1.00
2.00	Excluded area salaries (see instructions)	13,038,692	252,210	13,290,902	425,375.00	31.25	2.00
3.00	Subtotal salaries (line 1 minus line 2)	94,883,779	102,174	94,985,953	3,132,297.00	30.32	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,439,824	0	32,439,824	688,801.00	47.10	4.00
5.00	Subtotal wage-related costs (see inst.)	43,735,806	0	43,735,806	0.00	46.04	5.00
6.00	Total (sum of lines 3 thru 5)	171,059,409	102,174	171,161,583	3,821,098.00	44.79	6.00
7.00	Total overhead cost (see instructions)	27,693,824	354,384	28,048,208	982,897.00	28.54	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/25/2019 3:35 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,112,898	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		2,346,916	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		9,171	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		851,807	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		17,985,111	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		4,169,941	9.00
10.00	Dental, Hearing and Vision Plan		508,699	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		330,453	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		24,412	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		924,713	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		234,110	14.00
15.00	'Workers' Compensation Insurance		17,821	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		6,692,617	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		64,999	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		426,111	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		38,699,779	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part V Date/Time Prepared: 11/25/2019 3:35 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		365,010	38,699,779 1.00
2.00	Hospital		365,010	33,061,011 2.00
3.00	Subprovider - IPF		0	441,555 3.00
4.00	Subprovider - IRF		0	542,712 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	4,654,501 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/25/2019 3:35 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.199986	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		38,059,576	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		309,653,017	6.00	
7.00	Medicaid cost (line 1 times line 6)		61,926,268	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		23,866,692	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		23,866,692	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	53,911,246	7,859,135	61,770,381	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	10,781,494	7,859,135	18,640,629	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	10,781,494	7,859,135	18,640,629	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			12,291,131	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			396,669	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			610,261	27.01
28.00	Non-Medicare bad debt expense (see instructions)			11,680,870	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,549,602	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			21,190,231	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			45,056,923	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0100		Period: From 07/01/2018 To 06/30/2019		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		9,294,245	9,294,245	0	9,294,245	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,748,351	8,748,351	0	8,748,351	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-348,738	29,778,366	29,429,628	-256,705	29,172,923	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,768,169	128,462,127	136,230,296	-776,357	135,453,939	5.00
7.00	00700	OPERATION OF PLANT	987,852	10,029,010	11,016,862	0	11,016,862	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	677,588	566,353	1,243,941	0	1,243,941	8.00
9.00	00900	HOUSEKEEPING	0	4,860,396	4,860,396	0	4,860,396	9.00
10.00	01000	DIETARY	28	5,456,246	5,456,274	-3,474,010	1,982,264	10.00
11.00	01100	CAFETERIA	0	0	0	3,474,010	3,474,010	11.00
13.00	01300	NURSING ADMINISTRATION	2,546,042	410,165	2,956,207	0	2,956,207	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,589,446	662,916	2,252,362	0	2,252,362	14.00
15.00	01500	PHARMACY	4,206,801	1,110,037	5,316,838	0	5,316,838	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	518,309	27,516	545,825	0	545,825	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	373,603	241,453	615,056	0	615,056	21.00
23.00	02300	PARAMED PRGM-(SPECIFY)	151,079	9,498	160,577	0	160,577	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,466,595	3,157,991	20,624,586	-893,974	19,730,612	30.00
31.00	03100	INTENSIVE CARE UNIT	6,847,995	661,893	7,509,888	0	7,509,888	31.00
31.02	03102	NICU	2,773,175	287,467	3,060,642	0	3,060,642	31.02
32.00	03200	CORONARY CARE UNIT	913,863	106,138	1,020,001	0	1,020,001	32.00
40.00	04000	SUBPROVIDER - IPF	1,141,347	953,670	2,095,017	0	2,095,017	40.00
41.00	04100	SUBPROVIDER - IRF	1,402,821	67,146	1,469,967	0	1,469,967	41.00
43.00	04300	NURSERY	0	0	0	893,974	893,974	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,600,416	51,699,340	58,299,756	0	58,299,756	50.00
51.00	05100	RECOVERY ROOM	1,484,364	221,592	1,705,956	0	1,705,956	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,103,083	195,235	2,298,318	0	2,298,318	52.00
53.00	05300	ANESTHESIOLOGY	32,785	3,328,060	3,360,845	0	3,360,845	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,506,909	1,055,817	5,562,726	-137,280	5,425,446	54.00
54.02	05402	ULTRASOUND	429,845	75,493	505,338	0	505,338	54.02
54.03	05403	NUCLEAR MEDICINE	565,917	1,608,246	2,174,163	0	2,174,163	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	803,922	259,512	1,063,434	0	1,063,434	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	476,334	164,291	640,625	0	640,625	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,087,182	1,797,333	2,884,515	0	2,884,515	59.00
60.00	06000	LABORATORY	1,778,334	13,271,647	15,049,981	0	15,049,981	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,506,510	1,506,510	0	1,506,510	63.00
64.00	06400	INTRAVENOUS THERAPY	2,028,108	2,540,950	4,569,058	0	4,569,058	64.00
65.00	06500	RESPIRATORY THERAPY	2,718,291	547,865	3,266,156	0	3,266,156	65.00
66.00	06600	PHYSICAL THERAPY	3,474,332	280,882	3,755,214	-114,930	3,640,284	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,308,737	12,112	1,320,849	0	1,320,849	67.00
68.00	06800	SPEECH PATHOLOGY	461,150	13,337	474,487	0	474,487	68.00
69.00	06900	ELECTROCARDIOLOGY	1,035,078	218,061	1,253,139	0	1,253,139	69.00
69.02	06902	CARDIAC REHAB	505,322	127,382	632,704	0	632,704	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	360,214	156,311	516,525	0	516,525	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,720,145	3,720,145	0	3,720,145	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,073,560	19,073,560	0	19,073,560	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	41,832,725	41,832,725	0	41,832,725	73.00
74.00	07400	RENAL DIALYSIS	882,620	225,566	1,108,186	0	1,108,186	74.00
76.00	03951	ECT	113,388	17,327	130,715	0	130,715	76.00
76.01	03950	MOBILE OUTREACH CLINIC	411,360	40,488	451,848	0	451,848	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	385,485	484,414	869,899	0	869,899	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	5,399,522	5,203,083	10,602,605	0	10,602,605	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	990,185	998,763	1,988,948	0	1,988,948	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,143,116	467,166	2,610,282	0	2,610,282	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	759,406	1,756,099	2,515,505	0	2,515,505	97.00
98.00	09850	HOME OFFICE	5,249,978	4,985,975	10,235,953	1,285,272	11,521,225	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0100		Period: From 07/01/2018 To 06/30/2019		Worksheet A Date/Time Prepared: 11/25/2019 3:35 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	97,111,358	362,776,271	459,887,629	0	459,887,629
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,075,356	5,552,886	7,628,242	0	7,628,242
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	APOTHECARY	531,451	7,137,643	7,669,094	0	7,669,094
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0
194.04	07954	MARKETING	95,802	5,177	100,979	0	100,979
194.06	07956	MOB	37	160,235	160,272	0	160,272
194.07	07957	SENIOR PARTNERS	0	0	0	0	0
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	479	1,604,728	1,605,207	0	1,605,207
194.09	07959	CONV CARE	0	5,775	5,775	0	5,775
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0
194.11	07961	ST ELIZABETH	0	0	0	0	0
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0
194.15	07965	FAMILY PRACTICE	0	0	0	0	0
194.17	07967	FOUNDATION/UNUSED SPACE	247,226	-198,039	49,187	0	49,187
200.00		TOTAL (SUM OF LINES 118 through 199)	100,061,709	377,044,676	477,106,385	0	477,106,385

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet A
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-364,062	8,930,183	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	8,748,351	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,525,532	27,647,391	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-20,791,504	114,662,435	5.00
7.00	00700	OPERATION OF PLANT	-769,326	10,247,536	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-163,196	1,080,745	8.00
9.00	00900	HOUSEKEEPING	-303,325	4,557,071	9.00
10.00	01000	DIETARY	0	1,982,264	10.00
11.00	01100	CAFETERIA	-1,702,827	1,771,183	11.00
13.00	01300	NURSING ADMINISTRATION	-2,810	2,953,397	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-300	2,252,062	14.00
15.00	01500	PHARMACY	-35,755	5,281,083	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-4,144	541,681	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	615,056	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	6,471	167,048	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,706,104	18,024,508	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,509,888	31.00
31.02	03102	NICU	0	3,060,642	31.02
32.00	03200	CORONARY CARE UNIT	0	1,020,001	32.00
40.00	04000	SUBPROVIDER - IPF	-829,524	1,265,493	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,469,967	41.00
43.00	04300	NURSERY	0	893,974	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-847,045	57,452,711	50.00
51.00	05100	RECOVERY ROOM	0	1,705,956	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-2,420	2,295,898	52.00
53.00	05300	ANESTHESIOLOGY	-3,325,698	35,147	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,370,001	4,055,445	54.00
54.02	05402	ULTRASOUND	-2,579	502,759	54.02
54.03	05403	NUCLEAR MEDICINE	-9,460	2,164,703	54.03
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-4,100	1,059,334	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	640,625	58.00
59.00	05900	CARDIAC CATHETERIZATION	-47,527	2,836,988	59.00
60.00	06000	LABORATORY	-415,643	14,634,338	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-2,200	1,504,310	63.00
64.00	06400	INTRAVENOUS THERAPY	-550,292	4,018,766	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,266,156	65.00
66.00	06600	PHYSICAL THERAPY	0	3,640,284	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,320,849	67.00
68.00	06800	SPEECH PATHOLOGY	0	474,487	68.00
69.00	06900	ELECTROCARDIOLOGY	-89,278	1,163,861	69.00
69.02	06902	CARDIAC REHAB	0	632,704	69.02
69.03	06903	DIABETIC EDUCATION	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	516,525	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,720,145	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	19,073,560	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	41,832,725	73.00
74.00	07400	RENAL DIALYSIS	-436,468	671,718	74.00
76.00	03951	ECT	-540	130,175	76.00
76.01	03950	MOBILE OUTREACH CLINIC	-185,192	266,656	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-200	869,699	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	90.02
90.04	09004	BARITRICS	0	0	90.04
91.00	09100	EMERGENCY	-4,055,049	6,547,556	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	1,988,948	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-26,428	2,583,854	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	2,515,505	97.00
98.00	09850	HOME OFFICE	-11,521,225	0	98.00
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
106.00	10600	HEART ACQUISITION	0	0	106.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet A
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-51,083,283	408,804,346	118.00
NONREIMBURSABLE COST CENTERS				
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	7,628,242	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951 APOTHECARY	0	7,669,094	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	194.03
194.04	07954 MARKETING	0	100,979	194.04
194.06	07956 MOB	0	160,272	194.06
194.07	07957 SENIOR PARTNERS	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	1,605,207	194.08
194.09	07959 CONV CARE	0	5,775	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	49,187	194.17
200.00	TOTAL (SUM OF LINES 118 through 199)	-51,083,283	426,023,102	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
B - Cafeteria						
1.00	CAFETERIA	11.00	18	3,473,992	1.00	
	TOTALS		18	3,473,992		
C - Nursery						
1.00	NURSERY	43.00	831,596	62,378	1.00	
			831,596	62,378		
D - Recl ass Home Offi ce Expense						
1.00	HOME OFFICE	98.00		1,033,062	1.00	
2.00			0	1,033,062	2.00	
E - Recl ass Home Offi ce Sal ari es						
1.00	HOME OFFICE	98.00	252,210		1.00	
2.00			252,210	0	2.00	
F - PTO ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	354,384	0	1.00	
	TOTALS		354,384	0		
500.00	Grand Total: Increases		1,438,208	4,569,432	500.00	

RECLASSIFICATIONS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
11/25/2019 3:35 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
B - Cafeteria						
1.00	DIETARY	10.00	18	3,473,992	0	1.00
	TOTALS		18	3,473,992		
C - Nursery						
1.00	ADULTS & PEDIATRICS	30.00	831,596	62,378		1.00
			831,596	62,378		
D - Recl ass Home Offi ce Expense						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		256,705		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		776,357		2.00
			0	1,033,062		
E - Recl ass Home Offi ce Sal ari es						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	137,280			1.00
2.00	PHYSICAL THERAPY	66.00	114,930			2.00
			252,210	0		
F - PTO ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	354,384	0	1.00
	TOTALS		0	354,384		
500.00	Grand Total: Decreases		1,083,824	4,923,816		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-7
Part I
Date/Time Prepared:
11/25/2019 3:35 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,736,792	0	0	0	1.00
2.00	Land Improvements	8,513,003	405,494	0	405,494	2.00
3.00	Buildings and Fixtures	200,607,303	0	0	0	3.00
4.00	Building Improvements	0	12,280,076	0	12,280,076	4.00
5.00	Fixed Equipment	0	70,261,611	0	70,261,611	5.00
6.00	Movable Equipment	149,383,800	2,328,061	0	2,328,061	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	366,240,898	85,275,242	0	85,275,242	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	366,240,898	85,275,242	0	85,275,242	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,736,792	0			1.00
2.00	Land Improvements	8,918,497	0			2.00
3.00	Buildings and Fixtures	145,646,581	0			3.00
4.00	Building Improvements	12,280,076	0			4.00
5.00	Fixed Equipment	70,261,611	0			5.00
6.00	Movable Equipment	151,711,861	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	396,555,418	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	396,555,418	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-7
Part II
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	6,212,559	3,048,420	0	0	20,401	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,943,352	1,804,999	0	0	0	2.00
3.00	Total (sum of lines 1-2)	13,155,911	4,853,419	0	0	20,401	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	12,865	9,294,245				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,748,351				2.00
3.00	Total (sum of lines 1-2)	12,865	18,042,596				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-7
Part III
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	244,843,557	0	244,843,557	0.617426	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	151,711,861	0	151,711,861	0.382574	0	2.00
3.00	Total (sum of lines 1-2)	396,555,418	0	396,555,418	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,848,497	3,048,420	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,943,352	1,804,999	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,791,849	4,853,419	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	20,401	12,865	8,930,183	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,748,351	2.00
3.00	Total (sum of lines 1-2)	0	0	20,401	12,865	17,678,534	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,809,458	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
3.00 Investment income - other (chapter 2)	B	-152,636	ADMINISTRATIVE & GENERAL		5.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-13,566,843				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	6,114,397				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-1,617,351	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients	B	-35,755	PHARMACY		15.00	0 17.00
18.00 Sale of medical records and abstracts	B	-4,144	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 Misc Income - A&G	B	-40,115	ADMINISTRATIVE & GENERAL		5.00	0 33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.01 Misc Income - Laundry	B	-163,196	LAUNDRY & LINEN SERVICE	8.00	0 33.01
33.02 Misc Income - Nursing Admin	B	-2,810	NURSING ADMINISTRATION	13.00	0 33.02
33.03 Misc Income - CSS	B	-300	CENTRAL SERVICES & SUPPLY	14.00	0 33.03
33.04 Misc Income - Adults & Peds	B	-27,498	ADULTS & PEDIATRICS	30.00	0 33.04
33.05 Misc Income - L&D	B	-2,420	DELIVERY ROOM & LABOR ROOM	52.00	0 33.05
33.06 Misc Income - Radiology	B	-35,847	RADIOLOGY-DIAGNOSTIC	54.00	0 33.06
33.07 Misc Income - Ultrasound	B	-2,579	ULTRASOUND	54.02	0 33.07
33.08 Misc Income - Lab	B	-74,671	LABORATORY	60.00	0 33.08
33.09 Misc Income - IV Therapy	B	-65,660	INTRAVENOUS THERAPY	64.00	0 33.09
33.10 Misc Income - Dialysis	B	-436,468	RENAL DIALYSIS	74.00	0 33.10
33.11 Misc Income - ECT	B	-540	ECT	76.00	0 33.11
33.12 Misc Income - ER	B	-23,849	EMERGENCY	91.00	0 33.12
33.13 Misc Income - Ambulance	B	-26,428	AMBULANCE SERVICES	95.00	0 33.13
33.14 Advertising	A	-434,436	ADMINISTRATIVE & GENERAL	5.00	0 33.14
33.15 Various N/A Expenses	A	-3,403	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.15
33.16 Various N/A Expenses	A	-47,910	ADMINISTRATIVE & GENERAL	5.00	0 33.16
33.17 Provider Assessment	A	-23,382,513	ADMINISTRATIVE & GENERAL	5.00	0 33.17
33.18 Patient Phones	A	-1,948	ADMINISTRATIVE & GENERAL	5.00	0 33.18
33.19 Pharm Resident Startup Amort	A	6,471	PARAMEDICAL PRGM-(SPECIFY)	23.00	0 33.19
33.20 PHYSICIAN GROUP LOSS	A	-12,245,373	ADMINISTRATIVE & GENERAL	5.00	0 33.20
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-51,083,283			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0100

Period: From 07/01/2018 To 06/30/2019

Worksheet A-8-1

Date/Time Prepared: 11/25/2019 3:35 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	SVH Capital	8,869,748	0
2.00	5.00	ADMINISTRATIVE & GENERAL	SVH Other	93,698,776	87,207,108
3.00	0.00			0	0
3.01	5.00	ADMINISTRATIVE & GENERAL	SVH Chargebacks	488,463	488,463
3.02	16.00	MEDICAL RECORDS & LIBRARY	SVH Chargebacks	5,934	5,934
3.03	70.00	ELECTROENCEPHALOGRAPHY	SVH Chargebacks	24,015	24,015
3.04	192.00	PHYSICIANS' PRIVATE OFFICES	SVH Chargebacks	4,311,772	4,311,772
3.05	0.00			0	0
3.06	0.00			0	0
3.07	1.00	CAP REL COSTS-BLDG & FIXT	Ascension Interest	4,809,458	0
3.08	5.00	ADMINISTRATIVE & GENERAL	Ascension Interest	152,636	0
3.09	0.00			0	0
3.10	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH Health Insurance	21,272,616	21,274,099
3.11	0.00			0	0
3.12	1.00	CAP REL COSTS-BLDG & FIXT	HO	0	364,062
3.13	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO	0	1,164,216
3.14	7.00	OPERATION OF PLANT	HO	0	769,326
3.15	9.00	HOUSEKEEPING	HO	0	303,325
3.16	11.00	CAFETERIA	HO	0	85,476
3.17	98.00	HOME OFFICE	HO	0	11,521,225
3.18	0.00			0	0
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			133,633,418	127,519,021

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B		0.00	St. Vincent Health	100.00	6.00
7.00	B		0.00	Ascension	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-1

Date/Time Prepared:
11/25/2019 3:35 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	8,869,748	0		1.00
2.00	6,491,668	0		2.00
3.00	0	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
3.07	4,809,458	11		3.07
3.08	152,636	0		3.08
3.09	0	0		3.09
3.10	-1,483	0		3.10
3.11	0	0		3.11
3.12	-364,062	9		3.12
3.13	-1,164,216	0		3.13
3.14	-769,326	0		3.14
3.15	-303,325	0		3.15
3.16	-85,476	0		3.16
3.17	-11,521,225	0		3.17
3.18	0	0		3.18
4.00	0	0		4.00
5.00	6,114,397			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	Home Office		6.00
7.00	Home Office		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-2

Date/Time Prepared:
11/25/2019 3:35 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	356,430	356,430	0	0	0	1.00
2.00	5.00 ADMINISTRATIVE & GENERAL	4,067	0	4,067	179,000	40	2.00
3.00	30.00 ADULTS & PEDIATRICS	1,678,606	1,678,606	0	0	0	3.00
4.00	40.00 SUBPROVIDER - IPF	829,524	829,524	0	0	0	4.00
5.00	50.00 OPERATING ROOM	875,594	823,166	52,428	246,400	241	5.00
6.00	53.00 ANESTHESIOLOGY	3,325,698	3,325,698	0	0	0	6.00
7.00	54.00 RADIOLOGY-DIAGNOSTIC	1,334,154	1,334,154	0	0	0	7.00
8.00	54.03 NUCLEAR MEDICINE	9,460	9,460	0	0	0	8.00
9.00	57.00 CT SCAN	4,100	4,100	0	0	0	9.00
10.00	59.00 CARDIAC CATHETERIZATION	47,527	47,527	0	0	0	10.00
11.00	60.00 LABORATORY	340,972	340,972	0	0	0	11.00
12.00	63.00 BLOOD STORING, PROCESSING & TRANS.	2,200	2,200	0	0	0	12.00
13.00	64.00 INTRAVENOUS THERAPY	484,632	484,632	0	0	0	13.00
14.00	69.00 ELECTROCARDIOLOGY	89,278	89,278	0	0	0	14.00
15.00	76.01 MOBILE OUTREACH CLINIC	185,192	185,192	0	0	0	15.00
16.00	90.00 CLINIC	200	200	0	0	0	16.00
17.00	91.00 EMERGENCY	4,031,200	4,031,200	0	0	0	17.00
200.00		13,598,834	13,542,339	56,495		281	200.00
Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00 ADMINISTRATIVE & GENERAL	3,442	172	0	0	0	2.00
3.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	40.00 SUBPROVIDER - IPF	0	0	0	0	0	4.00
5.00	50.00 OPERATING ROOM	28,549	1,427	0	0	0	5.00
6.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	54.03 NUCLEAR MEDICINE	0	0	0	0	0	8.00
9.00	57.00 CT SCAN	0	0	0	0	0	9.00
10.00	59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	10.00
11.00	60.00 LABORATORY	0	0	0	0	0	11.00
12.00	63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	12.00
13.00	64.00 INTRAVENOUS THERAPY	0	0	0	0	0	13.00
14.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	76.01 MOBILE OUTREACH CLINIC	0	0	0	0	0	15.00
16.00	90.00 CLINIC	0	0	0	0	0	16.00
17.00	91.00 EMERGENCY	0	0	0	0	0	17.00
200.00		31,991	1,599	0	0	0	200.00
Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	356,430		1.00
2.00	5.00 ADMINISTRATIVE & GENERAL	0	3,442	625	625		2.00
3.00	30.00 ADULTS & PEDIATRICS	0	0	0	1,678,606		3.00
4.00	40.00 SUBPROVIDER - IPF	0	0	0	829,524		4.00
5.00	50.00 OPERATING ROOM	0	28,549	23,879	847,045		5.00
6.00	53.00 ANESTHESIOLOGY	0	0	0	3,325,698		6.00
7.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	1,334,154		7.00
8.00	54.03 NUCLEAR MEDICINE	0	0	0	9,460		8.00
9.00	57.00 CT SCAN	0	0	0	4,100		9.00
10.00	59.00 CARDIAC CATHETERIZATION	0	0	0	47,527		10.00
11.00	60.00 LABORATORY	0	0	0	340,972		11.00
12.00	63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,200		12.00
13.00	64.00 INTRAVENOUS THERAPY	0	0	0	484,632		13.00
14.00	69.00 ELECTROCARDIOLOGY	0	0	0	89,278		14.00
15.00	76.01 MOBILE OUTREACH CLINIC	0	0	0	185,192		15.00
16.00	90.00 CLINIC	0	0	0	200		16.00
17.00	91.00 EMERGENCY	0	0	0	4,031,200		17.00
200.00		0	31,991	24,504	13,566,843		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	8,930,183	8,930,183			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	8,748,351		8,748,351		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	27,647,391	7,349	0	27,654,740	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	114,662,435	827,382	622,268	2,257,523	118,369,608
7.00 00700	OPERATION OF PLANT	10,247,536	848,153	1,075,200	287,082	12,457,971
8.00 00800	LAUNDRY & LINEN SERVICE	1,080,745	81,287	24,539	196,915	1,383,486
9.00 00900	HOUSEKEEPING	4,557,071	180,707	2,076	0	4,739,854
10.00 01000	DIETARY	1,982,264	236,806	138,440	8	2,357,518
11.00 01100	CAFETERIA	1,771,183	0	0	0	1,771,183
13.00 01300	NURSING ADMINISTRATION	2,953,397	350,281	35,332	739,910	4,078,920
14.00 01400	CENTRAL SERVICES & SUPPLY	2,252,062	168,685	136,112	461,912	3,018,771
15.00 01500	PHARMACY	5,281,083	59,324	225,088	1,222,547	6,788,042
16.00 01600	MEDICAL RECORDS & LIBRARY	541,681	56,856	0	150,627	749,164
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	615,056	0	542	108,574	724,172
23.00 02300	PARAMED PRGM-(SPECIFY)	167,048	0	0	43,905	210,953
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	18,024,508	1,637,776	140,515	4,834,293	24,637,092
31.00 03100	INTENSIVE CARE UNIT	7,509,888	400,903	100,633	1,990,110	10,001,534
31.02 03102	NICU	3,060,642	120,068	121,180	805,918	4,107,808
32.00 03200	CORONARY CARE UNIT	1,020,001	53,384	67,617	265,580	1,406,582
40.00 04000	SUBPROVIDER - I PF	1,265,493	109,455	19,418	331,689	1,726,055
41.00 04100	SUBPROVIDER - I RF	1,469,967	334,021	27,735	407,677	2,239,400
43.00 04300	NURSERY	893,974	0	0	241,672	1,135,646
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	57,452,711	415,375	2,374,744	1,918,160	62,160,990
51.00 05100	RECOVERY ROOM	1,705,956	88,608	18,696	431,374	2,244,634
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,295,898	228,927	0	611,181	3,136,006
53.00 05300	ANESTHESIOLOGY	35,147	0	34,295	9,528	78,970
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,055,445	203,776	1,048,190	1,269,867	6,577,278
54.02 05402	ULTRASOUND	502,759	17,688	13,117	124,918	658,482
54.03 05403	NUCLEAR MEDICINE	2,164,703	66,626	7,391	164,462	2,403,182
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	1,059,334	49,081	399,206	233,629	1,741,250
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	640,625	60,913	168,368	138,428	1,008,334
59.00 05900	CARDIAC CATHETERIZATION	2,836,988	121,326	607,201	315,948	3,881,463
60.00 06000	LABORATORY	14,634,338	136,242	58,286	483,405	15,312,271
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,504,310	5,864	241	0	1,510,415
64.00 06400	INTRAVENOUS THERAPY	4,018,766	102,853	0	589,393	4,711,012
65.00 06500	RESPIRATORY THERAPY	3,266,156	27,241	48,062	789,968	4,131,427
66.00 06600	PHYSICAL THERAPY	3,640,284	56,033	17,046	1,009,683	4,723,046
67.00 06700	OCCUPATIONAL THERAPY	1,320,849	0	0	380,335	1,701,184
68.00 06800	SPEECH PATHOLOGY	474,487	0	12,266	134,016	620,769
69.00 06900	ELECTROCARDIOLOGY	1,163,861	43,302	233,611	300,806	1,741,580
69.02 06902	CARDIAC REHAB	632,704	72,642	0	146,853	852,199
69.03 06903	DIABETIC EDUCATION	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	516,525	67,771	25,187	104,683	714,166
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,720,145	0	0	0	3,720,145
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	19,073,560	0	0	0	19,073,560
73.00 07300	DRUGS CHARGED TO PATIENTS	41,832,725	0	0	0	41,832,725
74.00 07400	RENAL DIALYSIS	671,718	2,771	41,478	256,500	972,467
76.00 03951	ECT	130,175	0	0	32,952	163,127
76.01 03950	MOBILE OUTREACH CLINIC	266,656	0	233,375	119,546	619,577
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	869,699	9,667	1,887	112,027	993,280
90.01 09001	OUTPATIENT PSYCH	0	0	0	0	0
90.02 09002	PEDS CLINIC	0	0	0	0	0
90.04 09004	BARITRICS	0	0	0	0	0
91.00 09100	EMERGENCY	6,547,556	227,517	214,752	1,569,166	8,558,991
91.01 09101	DIAGNOSTIC TREATMENT CENTER	1,988,948	111,716	139,110	287,760	2,527,534
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	2,583,854	0	245,720	622,815	3,452,389
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	2,515,505	0	1,442	293,988	2,810,935
98.00 09850	HOME OFFICE	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	408,804,346	7,588,376	8,680,366	26,797,333	406,537,147	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	7,628,242	246,501	67,985	603,123	8,545,851	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	167,134	0	0	167,134	194.00
194.01 07951 APOTHECARY	7,669,094	1,721	0	154,446	7,825,261	194.01
194.02 07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03 07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04 07954 MARKETING	100,979	0	0	27,841	128,820	194.04
194.06 07956 MOB	160,272	0	0	11	160,283	194.06
194.07 07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	1,605,207	8,617	0	139	1,613,963	194.08
194.09 07959 CONV CARE	5,775	0	0	0	5,775	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	0	10,376	0	0	10,376	194.11
194.14 07964 FREE STANDING CATH LAB	0	9,799	0	0	9,799	194.14
194.15 07965 FAMILY PRACTICE	0	28,262	0	0	28,262	194.15
194.17 07967 FOUNDATION/UNUSED SPACE	49,187	869,397	0	71,847	990,431	194.17
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	426,023,102	8,930,183	8,748,351	27,654,740	426,023,102	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet B Part I Date/Time Prepared: 11/25/2019 3:35 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	118,369,608				5.00
7.00	00700	OPERATION OF PLANT	4,793,204	17,251,175			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	532,296	140,122	2,055,904		8.00
9.00	00900	HOUSEKEEPING	1,823,659	311,500	0	6,875,013	9.00
10.00	01000	DIETARY	907,055	412,834	0	168,947	3,846,354
11.00	01100	CAFETERIA	681,463	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,569,364	603,810	0	247,102	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,161,472	290,777	0	118,997	0
15.00	01500	PHARMACY	2,611,699	102,263	0	41,850	0
16.00	01600	MEDICAL RECORDS & LIBRARY	288,241	98,007	0	40,108	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	278,625	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	81,164	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,479,121	2,877,497	782,113	1,177,581	2,643,796
31.00	03100	INTENSIVE CARE UNIT	3,848,090	691,073	183,801	282,813	514,963
31.02	03102	NICU	1,580,479	206,971	54,497	84,700	0
32.00	03200	CORONARY CARE UNIT	541,182	92,023	46,731	37,659	48,399
40.00	04000	SUBPROVIDER - I PF	664,100	188,677	0	77,214	241,774
41.00	04100	SUBPROVIDER - I RF	861,609	575,783	88,753	235,632	287,528
43.00	04300	NURSERY	436,940	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,916,368	763,400	236,427	312,412	1,259
51.00	05100	RECOVERY ROOM	863,623	345,594	70,218	141,430	1,459
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,206,578	394,622	71,942	161,494	46,483
53.00	05300	ANESTHESIOLOGY	30,384	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,530,608	949,176	42,086	388,439	21,545
54.02	05402	ULTRASOUND	253,351	67,208	0	27,504	0
54.03	05403	NUCLEAR MEDICINE	924,624	538,690	6,555	220,452	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	669,946	168,443	36,486	68,933	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	387,957	185,710	13,830	76,000	0
59.00	05900	CARDIAC CATHETERIZATION	1,493,393	209,140	33,982	85,588	0
60.00	06000	LABORATORY	5,891,396	763,694	0	312,532	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	581,132	10,109	0	4,137	0
64.00	06400	INTRAVENOUS THERAPY	1,812,562	336,235	0	137,600	36,212
65.00	06500	RESPIRATORY THERAPY	1,589,567	46,957	0	19,217	0
66.00	06600	PHYSICAL THERAPY	1,817,192	248,956	7,057	101,882	0
67.00	06700	OCCUPATIONAL THERAPY	654,531	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	238,841	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	670,073	200,710	17,701	82,138	0
69.02	06902	CARDIAC REHAB	327,884	485,112	14,349	198,526	0
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	274,775	116,823	10,927	47,808	2,663
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,431,326	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,338,552	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	16,095,141	0	0	0	0
74.00	07400	RENAL DIALYSIS	374,157	4,777	3,436	1,955	0
76.00	03951	ECT	62,763	0	0	0	0
76.01	03950	MOBILE OUTREACH CLINIC	238,382	56,039	0	22,933	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	382,164	120,377	19,206	49,263	0
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0
90.02	09002	PEDS CLINIC	0	0	0	0	0
90.04	09004	BARIATRICS	0	0	0	0	0
91.00	09100	EMERGENCY	3,293,072	392,192	261,799	160,500	182
91.01	09101	DIAGNOSTIC TREATMENT CENTER	972,469	192,574	54,008	78,809	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,328,307	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,081,507	115,470	0	47,255	0
98.00	09850	HOME OFFICE	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	110,872,388	13,303,345	2,055,904	5,259,410	3,846,263

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,288,016	1,040,628	0	425,865	91,192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	64,305	288,103	0	117,903	0,194.00
194.01	07951	APOTHECARY	3,010,769	49,925	0	20,431	0,194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0,194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0,194.03
194.04	07954	MARKETING	49,563	0	0	0	0,194.04
194.06	07956	MOB	61,669	164,759	0	67,425	0,194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0,194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	620,972	14,854	0	6,079	0,194.08
194.09	07959	CONV CARE	2,222	0	0	0	0,194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0,194.10
194.11	07961	ST ELIZABETH	3,992	17,886	0	7,320	0,194.11
194.14	07964	FREE STANDING CATH LAB	3,770	16,892	0	6,913	0,194.14
194.15	07965	FAMILY PRACTICE	10,874	135,801	0	55,575	0,194.15
194.17	07967	FOUNDATION/UNUSED SPACE	381,068	2,218,982	0	908,092	0,194.17
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0,201.00
202.00		TOTAL (sum lines 118 through 201)	118,369,608	17,251,175	2,055,904	6,875,013	3,846,354,202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,452,646					11.00
13.00	01300	NURSING ADMINISTRATION	78,101	6,577,297				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	69,997	0	4,660,014			14.00
15.00	01500	PHARMACY	91,209	0	0	9,635,063		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,315	0	0	0	1,190,835	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	12,926	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	4,497	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	487,851	1,940,530	0	0	35,353	30.00
31.00	03100	INTENSIVE CARE UNIT	203,238	899,994	0	0	14,570	31.00
31.02	03102	NICU	66,293	354,342	0	0	5,528	31.02
32.00	03200	CORONARY CARE UNIT	24,155	175,808	0	0	1,948	32.00
40.00	04000	SUBPROVIDER - I PF	34,628	0	0	0	4,493	40.00
41.00	04100	SUBPROVIDER - I RF	42,151	300,509	0	0	3,268	41.00
43.00	04300	NURSERY	24,389	0	0	0	1,517	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	182,864	677,338	0	0	275,838	50.00
51.00	05100	RECOVERY ROOM	34,369	192,844	0	0	17,104	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	53,128	354,342	0	0	12,817	52.00
53.00	05300	ANESTHESIOLOGY	1,559	0	0	0	22,018	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,535	0	0	0	40,735	54.00
54.02	05402	ULTRASOUND	11,828	0	0	0	10,712	54.02
54.03	05403	NUCLEAR MEDICINE	13,562	0	0	0	21,110	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	20,358	0	0	0	37,110	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,021	0	0	0	12,292	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,438	169,675	0	0	94,204	59.00
60.00	06000	LABORATORY	74,216	0	0	0	84,676	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	7,382	63.00
64.00	06400	INTRAVENOUS THERAPY	50,806	172,401	0	0	21,205	64.00
65.00	06500	RESPIRATORY THERAPY	71,249	0	0	0	10,538	65.00
66.00	06600	PHYSICAL THERAPY	91,071	0	0	0	10,630	66.00
67.00	06700	OCCUPATIONAL THERAPY	35,724	0	0	0	7,310	67.00
68.00	06800	SPEECH PATHOLOGY	10,947	0	0	0	2,624	68.00
69.00	06900	ELECTROCARDIOLOGY	32,715	12,947	0	0	41,993	69.00
69.02	06902	CARDIAC REHAB	14,194	6,814	0	0	1,117	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	10,463	0	0	0	5,082	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	760,558	0	64,098	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,899,456	0	66,277	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,635,063	149,087	73.00
74.00	07400	RENAL DIALYSIS	21,129	74,787	0	0	3,383	74.00
76.00	03951	ECT	3,328	0	0	0	1,646	76.00
76.01	03950	MOBILE OUTREACH CLINIC	9,638	0	0	0	409	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	13,069	0	0	0	2,514	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	154,615	708,683	0	0	74,723	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	23,901	181,941	0	0	17,171	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	93,596	354,342	0	0	3,047	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	31,855	0	0	0	5,306	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,362,928	6,577,297	4,660,014	9,635,063	1,190,835	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	68,633	0	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 APOTHECARY	11,486	0	0	0	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	2,170	0	0	0	0	194.04
194.06	07956 MOB	2	0	0	0	0	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	13	0	0	0	0	194.08
194.09	07959 CONV CARE	0	0	0	0	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	7,414	0	0	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,452,646	6,577,297	4,660,014	9,635,063	1,190,835	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	1,015,723					21.00
23.00 02300 PARAMED PRGM-(SPECIFY)		296,614				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,015,723	0	45,076,657	-1,015,723	44,060,934	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	16,640,076	0	16,640,076	31.00
31.02 03102 NICU	0	0	6,460,618	0	6,460,618	31.02
32.00 03200 CORONARY CARE UNIT	0	0	2,374,487	0	2,374,487	32.00
40.00 04000 SUBPROVIDER - I PF	0	0	2,936,941	0	2,936,941	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	4,634,633	0	4,634,633	41.00
43.00 04300 NURSERY	0	0	1,598,492	0	1,598,492	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	88,526,896	0	88,526,896	50.00
51.00 05100 RECOVERY ROOM	0	0	3,911,275	0	3,911,275	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	5,437,412	0	5,437,412	52.00
53.00 05300 ANESTHESIOLOGY	0	0	132,931	0	132,931	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	10,661,402	0	10,661,402	54.00
54.02 05402 ULTRASOUND	0	0	1,029,085	0	1,029,085	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	4,128,175	0	4,128,175	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	2,742,526	0	2,742,526	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,695,144	0	1,695,144	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	5,992,883	0	5,992,883	59.00
60.00 06000 LABORATORY	0	0	22,438,785	0	22,438,785	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	2,113,175	0	2,113,175	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	7,278,033	0	7,278,033	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	5,868,955	0	5,868,955	65.00
66.00 06600 PHYSICAL THERAPY	0	0	6,999,834	0	6,999,834	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	2,398,749	0	2,398,749	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	873,181	0	873,181	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	2,799,857	0	2,799,857	69.00
69.02 06902 CARDIAC REHAB	0	0	1,900,195	0	1,900,195	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	1,182,707	0	1,182,707	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	5,976,127	0	5,976,127	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	30,377,845	0	30,377,845	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	296,614	68,008,630	0	68,008,630	73.00
74.00 07400 RENAL DIALYSIS	0	0	1,456,091	0	1,456,091	74.00
76.00 03951 ECT	0	0	230,864	0	230,864	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	946,978	0	946,978	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	1,579,873	0	1,579,873	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	13,604,757	0	13,604,757	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	4,048,407	0	4,048,407	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	5,231,681	0	5,231,681	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	4,092,328	0	4,092,328	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part I
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALARY & FRINGES APPRV					
			21.00	23.00	24.00	25.00	26.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,015,723	296,614	393,386,685	-1,015,723	392,370,962	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	13,369,084	0	13,369,084	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	637,445	0	637,445	194.00
194.01	07951	APOTHECARY	0	0	10,917,872	0	10,917,872	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	180,553	0	180,553	194.04
194.06	07956	MOB	0	0	454,138	0	454,138	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	2,255,881	0	2,255,881	194.08
194.09	07959	CONV CARE	0	0	7,997	0	7,997	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	39,574	0	39,574	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	37,374	0	37,374	194.14
194.15	07965	FAMILY PRACTICE	0	0	230,512	0	230,512	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	0	0	4,505,987	0	4,505,987	194.17
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,015,723	296,614	426,023,102	-1,015,723	425,007,379	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part II
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,349	0	7,349	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	8,869,748	827,382	622,268	10,319,398	5.00
7.00 00700	OPERATION OF PLANT	0	848,153	1,075,200	1,923,353	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	81,287	24,539	105,826	8.00
9.00 00900	HOUSEKEEPING	0	180,707	2,076	182,783	9.00
10.00 01000	DIETARY	0	236,806	138,440	375,246	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	350,281	35,332	385,613	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	168,685	136,112	304,797	14.00
15.00 01500	PHARMACY	0	59,324	225,088	284,412	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	56,856	0	56,856	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	542	542	21.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,637,776	140,515	1,778,291	30.00
31.00 03100	INTENSIVE CARE UNIT	0	400,903	100,633	501,536	31.00
31.02 03102	NICU	0	120,068	121,180	241,248	31.02
32.00 03200	CORONARY CARE UNIT	0	53,384	67,617	121,001	32.00
40.00 04000	SUBPROVIDER - IPF	0	109,455	19,418	128,873	40.00
41.00 04100	SUBPROVIDER - IRF	0	334,021	27,735	361,756	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	415,375	2,374,744	2,790,119	50.00
51.00 05100	RECOVERY ROOM	0	88,608	18,696	107,304	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	228,927	0	228,927	52.00
53.00 05300	ANESTHESIOLOGY	0	0	34,295	34,295	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	203,776	1,048,190	1,251,966	54.00
54.02 05402	ULTRASOUND	0	17,688	13,117	30,805	54.02
54.03 05403	NUCLEAR MEDICINE	0	66,626	7,391	74,017	54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	49,081	399,206	448,287	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	60,913	168,368	229,281	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	121,326	607,201	728,527	59.00
60.00 06000	LABORATORY	0	136,242	58,286	194,528	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	5,864	241	6,105	63.00
64.00 06400	INTRAVENOUS THERAPY	0	102,853	0	102,853	64.00
65.00 06500	RESPIRATORY THERAPY	0	27,241	48,062	75,303	65.00
66.00 06600	PHYSICAL THERAPY	0	56,033	17,046	73,079	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	12,266	12,266	68.00
69.00 06900	ELECTROCARDIOLOGY	0	43,302	233,611	276,913	69.00
69.02 06902	CARDIAC REHAB	0	72,642	0	72,642	69.02
69.03 06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	0	67,771	25,187	92,958	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	2,771	41,478	44,249	74.00
76.00 03951	ECT	0	0	0	0	76.00
76.01 03950	MOBILE OUTREACH CLINIC	0	0	233,375	233,375	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	9,667	1,887	11,554	90.00
90.01 09001	OUTPATIENT PSYCH	0	0	0	0	90.01
90.02 09002	PEDS CLINIC	0	0	0	0	90.02
90.04 09004	BARITRICS	0	0	0	0	90.04
91.00 09100	EMERGENCY	0	227,517	214,752	442,269	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	0	111,716	139,110	250,826	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	245,720	245,720	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	1,442	1,442	97.00
98.00 09850	HOME OFFICE	0	0	0	0	98.00
99.00 09900	CMHC	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part II
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	8,869,748	7,588,376	8,680,366	25,138,490	7,122	118.00
NONREIMBURSABLE COST CENTERS							
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	246,501	67,985	314,486	160	192.00	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	167,134	0	167,134	0	194.00	
194.01 07951 APOTHECARY	0	1,721	0	1,721	41	194.01	
194.02 07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02	
194.03 07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03	
194.04 07954 MARKETING	0	0	0	0	7	194.04	
194.06 07956 MOB	0	0	0	0	0	194.06	
194.07 07957 SENIOR PARTNERS	0	0	0	0	0	194.07	
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	0	8,617	0	8,617	0	194.08	
194.09 07959 CONV CARE	0	0	0	0	0	194.09	
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10	
194.11 07961 ST ELIZABETH	0	10,376	0	10,376	0	194.11	
194.14 07964 FREE STANDING CATH LAB	0	9,799	0	9,799	0	194.14	
194.15 07965 FAMILY PRACTICE	0	28,262	0	28,262	0	194.15	
194.17 07967 FOUNDATION/UNUSED SPACE	0	869,397	0	869,397	19	194.17	
200.00	Cross Foot Adjustments			0		200.00	
201.00	Negative Cost Centers			0		201.00	
202.00	TOTAL (sum lines 118 through 201)	8,869,748	8,930,183	8,748,351	26,548,282	7,349	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet B Part II Date/Time Prepared: 11/25/2019 3:35 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,319,996			5.00
7.00	00700	OPERATION OF PLANT	417,890	2,341,319		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	46,408	19,017	171,303	8.00
9.00	00900	HOUSEKEEPING	158,994	42,277	0	9.00
10.00	01000	DIETARY	79,081	56,030	0	10.00
11.00	01100	CAFETERIA	59,413	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	136,823	81,949	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	101,262	39,464	0	14.00
15.00	01500	PHARMACY	227,698	13,879	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,130	13,301	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	24,292	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	7,076	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	826,427	390,532	65,168	30.00
31.00	03100	INTENSIVE CARE UNIT	335,491	93,792	15,315	31.00
31.02	03102	NICU	137,792	28,090	4,541	31.02
32.00	03200	CORONARY CARE UNIT	47,182	12,489	3,894	32.00
40.00	04000	SUBPROVIDER - I PF	25,607	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	75,118	78,145	7,395	41.00
43.00	04300	NURSERY	38,094	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,085,193	103,608	19,700	50.00
51.00	05100	RECOVERY ROOM	75,294	46,904	5,851	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	105,194	53,558	5,994	52.00
53.00	05300	ANESTHESIOLOGY	2,649	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	220,628	128,822	3,507	54.00
54.02	05402	ULTRASOUND	22,088	9,121	0	54.02
54.03	05403	NUCLEAR MEDICINE	80,612	73,111	546	54.03
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	58,408	22,861	3,040	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	33,824	25,204	1,152	58.00
59.00	05900	CARDIAC CATHETERIZATION	130,200	28,384	2,831	59.00
60.00	06000	LABORATORY	513,635	103,648	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	50,665	1,372	0	63.00
64.00	06400	INTRAVENOUS THERAPY	158,026	45,634	0	64.00
65.00	06500	RESPIRATORY THERAPY	138,585	6,373	0	65.00
66.00	06600	PHYSICAL THERAPY	158,430	33,788	588	66.00
67.00	06700	OCCUPATIONAL THERAPY	57,065	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	20,823	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	58,420	27,240	1,475	69.00
69.02	06902	CARDIAC REHAB	28,586	65,839	1,196	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	23,956	15,855	910	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	124,789	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	639,803	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,403,237	0	0	73.00
74.00	07400	RENAL DIALYSIS	32,620	648	286	74.00
76.00	03951	ECT	5,472	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	20,783	7,606	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	33,319	16,338	1,600	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	90.02
90.04	09004	BARITRICS	0	0	0	90.04
91.00	09100	EMERGENCY	287,103	53,228	21,814	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	84,784	26,136	4,500	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	115,807	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	94,290	15,671	0	97.00
98.00	09850	HOME OFFICE	0	0	0	98.00
99.00	09900	CMHC	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,666,358	1,805,521	171,303	118.00

11/25/2019 3:35 pm Y:\27100 - St. Vincent Evansville\300 - Medicare Cost Report\20190630\HFS\27100-19.mcrx

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0100		Period: From 07/01/2018 To 06/30/2019		Worksheet B Part II Date/Time Prepared: 11/25/2019 3:35 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	286,662	141,233	0	23,790	12	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	5,606	39,101	0	6,586	0	194.00
194.01	07951	APOTHECARY	262,491	6,776	0	1,141	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	4,321	0	0	0	0	194.04
194.06	07956	MOB	5,377	22,361	0	3,767	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	54,139	2,016	0	340	0	194.08
194.09	07959	CONV CARE	194	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	348	2,428	0	409	0	194.11
194.14	07964	FREE STANDING CATH LAB	329	2,293	0	386	0	194.14
194.15	07965	FAMILY PRACTICE	948	18,431	0	3,105	0	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	33,223	301,159	0	50,728	0	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,319,996	2,341,319	171,303	384,054	519,795	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0100		Period: From 07/01/2018 To 06/30/2019		Worksheet B Part II Date/Time Prepared: 11/25/2019 3:35 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	59,413					11.00
13.00	01300	NURSING ADMINISTRATION	1,892	620,277				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,696	0	453,988			14.00
15.00	01500	PHARMACY	2,209	0	0	530,860		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	371	0	0	0	97,939	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	313	0	0	0	0	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	109	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,816	183,004	0	0	2,912	30.00
31.00	03100	INTENSIVE CARE UNIT	4,923	84,875	0	0	1,200	31.00
31.02	03102	NICU	1,606	33,416	0	0	455	31.02
32.00	03200	CORONARY CARE UNIT	585	16,580	0	0	160	32.00
40.00	04000	SUBPROVIDER - I PF	839	0	0	0	370	40.00
41.00	04100	SUBPROVIDER - I RF	1,021	28,340	0	0	269	41.00
43.00	04300	NURSERY	591	0	0	0	125	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,430	63,877	0	0	22,568	50.00
51.00	05100	RECOVERY ROOM	833	18,186	0	0	1,409	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,287	33,416	0	0	1,056	52.00
53.00	05300	ANESTHESIOLOGY	38	0	0	0	1,814	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,702	0	0	0	3,355	54.00
54.02	05402	ULTRASOUND	287	0	0	0	882	54.02
54.03	05403	NUCLEAR MEDICINE	329	0	0	0	1,739	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	493	0	0	0	3,057	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	267	0	0	0	1,013	58.00
59.00	05900	CARDIAC CATHETERIZATION	616	16,001	0	0	7,760	59.00
60.00	06000	LABORATORY	1,798	0	0	0	6,975	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	608	63.00
64.00	06400	INTRAVENOUS THERAPY	1,231	16,258	0	0	1,747	64.00
65.00	06500	RESPIRATORY THERAPY	1,726	0	0	0	868	65.00
66.00	06600	PHYSICAL THERAPY	2,206	0	0	0	876	66.00
67.00	06700	OCCUPATIONAL THERAPY	865	0	0	0	602	67.00
68.00	06800	SPEECH PATHOLOGY	265	0	0	0	216	68.00
69.00	06900	ELECTROCARDIOLOGY	792	1,221	0	0	3,459	69.00
69.02	06902	CARDIAC REHAB	344	643	0	0	92	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	253	0	0	0	419	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	74,094	0	5,280	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	379,894	0	5,459	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	530,860	12,281	73.00
74.00	07400	RENAL DIALYSIS	512	7,053	0	0	279	74.00
76.00	03951	ECT	81	0	0	0	136	76.00
76.01	03950	MOBILE OUTREACH CLINIC	233	0	0	0	34	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	317	0	0	0	207	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	3,745	66,833	0	0	6,155	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	579	17,158	0	0	1,414	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,267	33,416	0	0	251	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	772	0	0	0	437	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part II
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	57,239	620,277	453,988	530,860	97,939	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,663	0	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 APOTHECARY	278	0	0	0	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	53	0	0	0	0	194.04
194.06	07956 MOB	0	0	0	0	0	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959 CONV CARE	0	0	0	0	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	180	0	0	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	59,413	620,277	453,988	530,860	97,939	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part II
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	25,176				21.00
23.00 02300	PARAMED PRGM-(SPECIFY)		7,197			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS		3,682,512	0	3,682,512	30.00
31.00 03100	INTENSIVE CARE UNIT		1,123,050	0	1,123,050	31.00
31.02 03102	NICU		452,094	0	452,094	31.02
32.00 03200	CORONARY CARE UNIT		210,606	0	210,606	32.00
40.00 04000	SUBPROVIDER - I PF		250,662	0	250,662	40.00
41.00 04100	SUBPROVIDER - I RF		604,171	0	604,171	41.00
43.00 04300	NURSERY		38,874	0	38,874	43.00
44.00 04400	SKILLED NURSING FACILITY		0	0	0	44.00
45.00 04500	NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM		5,107,625	0	5,107,625	50.00
51.00 05100	RECOVERY ROOM		263,993	0	263,993	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		444,897	0	444,897	52.00
53.00 05300	ANESTHESIOLOGY		38,799	0	38,799	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		1,635,927	0	1,635,927	54.00
54.02 05402	ULTRASOUND		64,752	0	64,752	54.02
54.03 05403	NUCLEAR MEDICINE		242,713	0	242,713	54.03
56.00 05600	RADIOISOTOPE		0	0	0	56.00
57.00 05700	CT SCAN		540,059	0	540,059	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		295,024	0	295,024	58.00
59.00 05900	CARDIAC CATHETERIZATION		919,184	0	919,184	59.00
60.00 06000	LABORATORY		838,171	0	838,171	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		58,981	0	58,981	63.00
64.00 06400	INTRAVENOUS THERAPY		338,486	0	338,486	64.00
65.00 06500	RESPIRATORY THERAPY		224,137	0	224,137	65.00
66.00 06600	PHYSICAL THERAPY		274,926	0	274,926	66.00
67.00 06700	OCCUPATIONAL THERAPY		58,633	0	58,633	67.00
68.00 06800	SPEECH PATHOLOGY		33,606	0	33,606	68.00
69.00 06900	ELECTROCARDIOLOGY		374,188	0	374,188	69.00
69.02 06902	CARDIAC REHAB		180,471	0	180,471	69.02
69.03 06903	DIABETIC EDUCATION		0	0	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY		137,410	0	137,410	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT		204,163	0	204,163	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		1,025,156	0	1,025,156	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		1,946,378	0	1,946,378	73.00
74.00 07400	RENAL DIALYSIS		85,824	0	85,824	74.00
76.00 03951	ECT		5,698	0	5,698	76.00
76.01 03950	MOBILE OUTREACH CLINIC		263,344	0	263,344	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00 09000	CLINIC		66,117	0	66,117	90.00
90.01 09001	OUTPATIENT PSYCH		0	0	0	90.01
90.02 09002	PEDS CLINIC		0	0	0	90.02
90.04 09004	BARITRICS		0	0	0	90.04
91.00 09100	EMERGENCY		890,554	0	890,554	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER		389,875	0	389,875	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES		397,626	0	397,626	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD		115,330	0	115,330	97.00
98.00 09850	HOME OFFICE		0	0	0	98.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B
Part II
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description			INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			21.00	23.00	24.00	25.00	26.00	
99.00	09900	CMHC			0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION			0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	23,824,016	0	23,824,016	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH			0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			768,006	0	768,006	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS			218,427	0	218,427	194.00
194.01	07951	APOTHECARY			272,448	0	272,448	194.01
194.02	07952	OCCUPATIONAL MEDICINE			0	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT			0	0	0	194.03
194.04	07954	MARKETING			4,381	0	4,381	194.04
194.06	07956	MOB			31,505	0	31,505	194.06
194.07	07957	SENIOR PARTNERS			0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT			65,112	0	65,112	194.08
194.09	07959	CONV CARE			194	0	194	194.09
194.10	07960	EMPLOYEE FITNESS CENTER			0	0	0	194.10
194.11	07961	ST ELIZABETH			13,561	0	13,561	194.11
194.14	07964	FREE STANDING CATH LAB			12,807	0	12,807	194.14
194.15	07965	FAMILY PRACTICE			50,746	0	50,746	194.15
194.17	07967	FOUNDATION/UNUSED SPACE			1,254,706	0	1,254,706	194.17
200.00		Cross Foot Adjustments	25,176	7,197	32,373	0	32,373	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	25,176	7,197	26,548,282	0	26,548,282	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	944,133				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		7,468,030			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	777	0	95,160,469		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	87,474	531,199	7,768,169	-118,369,608	5.00
7.00 00700	OPERATION OF PLANT	89,670	917,845	987,852	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	8,594	20,948	677,588	0	8.00
9.00 00900	HOUSEKEEPING	19,105	1,772	0	0	9.00
10.00 01000	DIETARY	25,036	118,179	28	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	37,033	30,161	2,546,042	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	17,834	116,192	1,589,446	0	14.00
15.00 01500	PHARMACY	6,272	192,146	4,206,801	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,011	0	518,309	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	463	373,603	0	21.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	151,079	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	173,152	119,951	16,634,999	0	30.00
31.00 03100	INTENSIVE CARE UNIT	42,385	85,905	6,847,995	0	31.00
31.02 03102	NICU	12,694	103,445	2,773,175	0	31.02
32.00 03200	CORONARY CARE UNIT	5,644	57,721	913,863	0	32.00
40.00 04000	SUBPROVIDER - I PF	11,572	16,576	1,141,347	0	40.00
41.00 04100	SUBPROVIDER - I RF	35,314	23,676	1,402,821	0	41.00
43.00 04300	NURSERY	0	0	831,596	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	43,915	2,027,201	6,600,416	0	50.00
51.00 05100	RECOVERY ROOM	9,368	15,960	1,484,364	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,203	0	2,103,083	0	52.00
53.00 05300	ANESTHESIOLOGY	0	29,276	32,785	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,544	894,788	4,369,629	0	54.00
54.02 05402	ULTRASOUND	1,870	11,197	429,845	0	54.02
54.03 05403	NUCLEAR MEDICINE	7,044	6,309	565,917	0	54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	5,189	340,782	803,922	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	6,440	143,727	476,334	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	12,827	518,337	1,087,182	0	59.00
60.00 06000	LABORATORY	14,404	49,756	1,663,403	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	620	206	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	10,874	0	2,028,108	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,880	41,028	2,718,291	0	65.00
66.00 06600	PHYSICAL THERAPY	5,924	14,551	3,474,332	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,308,737	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	10,471	461,150	0	68.00
69.00 06900	ELECTROCARDIOLOGY	4,578	199,422	1,035,078	0	69.00
69.02 06902	CARDIAC REHAB	7,680	0	505,322	0	69.02
69.03 06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	7,165	21,501	360,214	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	293	35,408	882,620	0	74.00
76.00 03951	ECT	0	0	113,388	0	76.00
76.01 03950	MOBILE OUTREACH CLINIC	0	199,221	411,360	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	1,022	1,611	385,485	0	90.00
90.01 09001	OUTPATIENT PSYCH	0	0	0	0	90.01
90.02 09002	PEDS CLINIC	0	0	0	0	90.02
90.04 09004	BARITRICS	0	0	0	0	90.04
91.00 09100	EMERGENCY	24,054	183,323	5,399,522	0	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	11,811	118,751	990,185	0	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	209,759	2,143,116	0	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	1,231	1,011,617	0	97.00
98.00 09850	HOME OFFICE	0	0	0	0	98.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)				
1.00	2.00	4.00	5A	5.00				
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	802,272	7,409,995	92,210,118	-118,369,608	288,167,539	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,061	58,035	2,075,356	0	8,545,851	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	17,670	0	0	0	167,134	194.00
194.01	07951	APOTHECARY	182	0	531,451	0	7,825,261	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	95,802	0	128,820	194.04
194.06	07956	MOB	0	0	37	0	160,283	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	911	0	479	0	1,613,963	194.08
194.09	07959	CONV CARE	0	0	0	0	5,775	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	1,097	0	0	0	10,376	194.11
194.14	07964	FREE STANDING CATH LAB	1,036	0	0	0	9,799	194.14
194.15	07965	FAMILY PRACTICE	2,988	0	0	0	28,262	194.15
194.17	07967	FOUNDATION/UNUSED SPACE	91,916	0	247,226	0	990,431	194.17
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,930,183	8,748,351	27,654,740		118,369,608	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.458607	1.171440	0.290612		0.384750	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			7,349		10,319,996	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000077		0.033544	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description		OPERATION OF PLANT (TOTAL SQA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	1,058,052				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	8,594	4,249,224			8.00	
9.00	00900	HOUSEKEEPING	19,105	0	1,030,353		9.00	
10.00	01000	DIETARY	25,320	0	25,320	210,840	10.00	
11.00	01100	CAFETERIA	0	0	0	2,763,243	11.00	
13.00	01300	NURSING ADMINISTRATION	37,033	0	37,033	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	17,834	0	17,834	0	14.00	
15.00	01500	PHARMACY	6,272	0	6,272	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	6,011	0	6,011	0	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
23.00	02300	PARAMED ED PRGM-(SPECFY)	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	176,483	1,616,501	176,483	144,921	549,633	30.00
31.00	03100	INTENSIVE CARE UNIT	42,385	379,887	42,385	28,228	228,975	31.00
31.02	03102	NICU	12,694	112,636	12,694	0	74,688	31.02
32.00	03200	CORONARY CARE UNIT	5,644	96,585	5,644	2,653	27,214	32.00
40.00	04000	SUBPROVIDER - I PF	11,572	0	11,572	13,253	39,013	40.00
41.00	04100	SUBPROVIDER - IRF	35,314	183,439	35,314	15,761	47,489	41.00
43.00	04300	NURSERY	0	0	0	0	27,477	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	46,821	488,657	46,821	69	206,021	50.00
51.00	05100	RECOVERY ROOM	21,196	145,130	21,196	80	38,721	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,203	148,693	24,203	2,548	59,856	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,756	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,215	86,985	58,215	1,181	125,659	54.00
54.02	05402	ULTRASOUND	4,122	0	4,122	0	13,326	54.02
54.03	05403	NUCLEAR MEDICINE	33,039	13,548	33,039	0	15,280	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	10,331	75,410	10,331	0	22,936	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,390	28,585	11,390	0	12,417	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,827	70,235	12,827	0	28,659	59.00
60.00	06000	LABORATORY	46,839	0	46,839	0	83,615	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	620	0	620	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	20,622	0	20,622	1,985	57,240	64.00
65.00	06500	RESPIRATORY THERAPY	2,880	0	2,880	0	80,272	65.00
66.00	06600	PHYSICAL THERAPY	15,269	14,585	15,269	0	102,604	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	40,248	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	12,333	68.00
69.00	06900	ELECTROCARDIOLOGY	12,310	36,585	12,310	0	36,858	69.00
69.02	06902	CARDIAC REHAB	29,753	29,658	29,753	0	15,991	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,165	22,584	7,165	146	11,788	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	293	7,102	293	0	23,805	74.00
76.00	03951	ECT	0	0	0	0	3,750	76.00
76.01	03950	MOBILE OUTREACH CLINIC	3,437	0	3,437	0	10,858	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	7,383	39,696	7,383	0	14,724	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BIATRICALS	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	24,054	541,098	24,054	10	174,195	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,811	111,625	11,811	0	26,928	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	105,449	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	7,082	0	7,082	0	35,889	97.00
98.00	09850	HOME OFFICE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description		OPERATION OF PLANT (TOTAL SQUA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQUA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
		7.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	815,923	4,249,224	788,224	2,662,163	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	63,824	0	63,824	5	77,325 192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	17,670	0	17,670	0	0 194.00
194.01	07951	APOTHECARY	3,062	0	3,062	0	12,940 194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0 194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0 194.03
194.04	07954	MARKETING	0	0	0	0	2,445 194.04
194.06	07956	MOB	10,105	0	10,105	0	2 194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0 194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	911	0	911	0	15 194.08
194.09	07959	CONV CARE	0	0	0	0	0 194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0 194.10
194.11	07961	ST ELIZABETH	1,097	0	1,097	0	0 194.11
194.14	07964	FREE STANDING CATH LAB	1,036	0	1,036	0	0 194.14
194.15	07965	FAMILY PRACTICE	8,329	0	8,329	0	0 194.15
194.17	07967	FOUNDATION/UNUSED SPACE	136,095	0	136,095	0	8,353 194.17
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	17,251,175	2,055,904	6,875,013	3,846,354	2,452,646 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.304657	0.483830	6.672483	18.242999	0.887597 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,341,319	171,303	384,054	519,795	59,413 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.212858	0.040314	0.372740	2.465353	0.021501 205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	
	(DIRECT NRSNG HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS CHARGES)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	13.00	14.00	15.00	16.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	38,609					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	22,793,705				14.00
15.00 01500 PHARMACY	0	0	1,000			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	1,961,987,269		16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	100	21.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	11,391	0	0	58,242,889	100	30.00
31.00 03100 INTENSIVE CARE UNIT	5,283	0	0	24,003,342	0	31.00
31.02 03102 NICU	2,080	0	0	9,106,857	0	31.02
32.00 03200 CORONARY CARE UNIT	1,032	0	0	3,208,641	0	32.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	7,402,642	0	40.00
41.00 04100 SUBPROVIDER - I/RF	1,764	0	0	5,383,464	0	41.00
43.00 04300 NURSERY	0	0	0	2,499,762	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,976	0	0	454,583,464	0	50.00
51.00 05100 RECOVERY ROOM	1,132	0	0	28,177,235	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,080	0	0	21,114,842	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	36,273,010	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	67,108,230	0	54.00
54.02 05402 ULTRASOUND	0	0	0	17,646,692	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	34,776,772	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	61,136,325	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,250,034	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	996	0	0	155,195,410	0	59.00
60.00 06000 LABORATORY	0	0	0	139,498,396	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,161,460	0	63.00
64.00 06400 INTRAVENOUS THERAPY	1,012	0	0	34,933,967	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	17,360,958	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	17,511,928	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	12,042,228	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,322,382	0	68.00
69.00 06900 ELECTROCARDIOLOGY	76	0	0	69,181,851	0	69.00
69.02 06902 CARDIAC REHAB	40	0	0	1,839,769	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,372,566	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,720,145	0	105,598,620	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	19,073,560	0	109,188,602	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1,000	245,613,173	0	73.00
74.00 07400 RENAL DIALYSIS	439	0	0	5,572,982	0	74.00
76.00 03951 ECT	0	0	0	2,711,168	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	674,607	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	4,141,242	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	4,160	0	0	123,101,589	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	1,068	0	0	28,288,640	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	2,080	0	0	5,019,797	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,741,733	0	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	21.00	
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	38,609	22,793,705	1,000	1,961,987,269	100	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 APOTHECARY	0	0	0	0	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953 CANCER CNETER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954 MARKETING	0	0	0	0	0	194.04
194.06	07956 MOB	0	0	0	0	0	194.06
194.07	07957 SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959 CONV CARE	0	0	0	0	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965 FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	0	0	0	0	194.17
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,577,297	4,660,014	9,635,063	1,190,835	1,015,723	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	170.356575	0.204443	9,635.063000	0.000607	10,157.230000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	620,277	453,988	530,860	97,939	25,176	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	16.065606	0.019917	530.860000	0.000050	251.760000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
		100	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.02	03102	NICU	31.02
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - I RF	41.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.02	05402	ULTRASOUND	54.02
54.03	05403	NUCLEAR MEDICINE	54.03
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.02	06902	CARDIAC REHAB	69.02
69.03	06903	DIABETIC EDUCATION	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03951	ECT	76.00
76.01	03950	MOBILE OUTREACH CLINIC	76.01
76.01	03950	MOBILE OUTREACH CLINIC	76.01
		100	
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	OUTPATIENT PSYCH	90.01
90.02	09002	PEDS CLINIC	90.02
90.04	09004	BARIATRICS	90.04
91.00	09100	EMERGENCY	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	97.00
98.00	09850	HOME OFFICE	98.00
99.00	09900	CMHC	99.00
101.00	10100	HOME HEALTH AGENCY	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
SPECIAL PURPOSE COST CENTERS			
106.00	10600 HEART ACQUISITION	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	100	118.00
NONREIMBURSABLE COST CENTERS			
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 APOTHECARY	0	194.01
194.02	07952 OCCUPATIONAL MEDICINE	0	194.02
194.03	07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	194.03
194.04	07954 MARKETING	0	194.04
194.06	07956 MOB	0	194.06
194.07	07957 SENIOR PARTNERS	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	0	194.08
194.09	07959 CONV CARE	0	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	194.10
194.11	07961 ST ELIZABETH	0	194.11
194.14	07964 FREE STANDING CATH LAB	0	194.14
194.15	07965 FAMILY PRACTICE	0	194.15
194.17	07967 FOUNDATION/UNUSED SPACE	0	194.17
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	296,614	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,966.140000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	7,197	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	71.970000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

Period: From 07/01/2018 To 06/30/2019

Worksheet C Part I Date/Time Prepared: 11/25/2019 3:35 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		44,060,934	0	44,060,934	30.00	
31.00	03100 INTENSIVE CARE UNIT		16,640,076	0	16,640,076	31.00	
31.02	03102 NICU		6,460,618	0	6,460,618	31.02	
32.00	03200 CORONARY CARE UNIT		2,374,487	0	2,374,487	32.00	
40.00	04000 SUBPROVIDER - IPF		2,936,941	0	2,936,941	40.00	
41.00	04100 SUBPROVIDER - IRF		4,634,633	0	4,634,633	41.00	
43.00	04300 NURSERY		1,598,492	0	1,598,492	43.00	
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00	
45.00	04500 NURSING FACILITY		0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		88,526,896	23,879	88,550,775	50.00	
51.00	05100 RECOVERY ROOM		3,911,275	0	3,911,275	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,437,412	0	5,437,412	52.00	
53.00	05300 ANESTHESIOLOGY		132,931	0	132,931	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		10,661,402	0	10,661,402	54.00	
54.02	05402 ULTRASOUND		1,029,085	0	1,029,085	54.02	
54.03	05403 NUCLEAR MEDICINE		4,128,175	0	4,128,175	54.03	
56.00	05600 RADIOISOTOPE		0	0	0	56.00	
57.00	05700 CT SCAN		2,742,526	0	2,742,526	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,695,144	0	1,695,144	58.00	
59.00	05900 CARDIAC CATHETERIZATION		5,992,883	0	5,992,883	59.00	
60.00	06000 LABORATORY		22,438,785	0	22,438,785	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		2,113,175	0	2,113,175	63.00	
64.00	06400 INTRAVENOUS THERAPY		7,278,033	0	7,278,033	64.00	
65.00	06500 RESPIRATORY THERAPY	0	5,868,955	0	5,868,955	65.00	
66.00	06600 PHYSICAL THERAPY	0	6,999,834	0	6,999,834	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	2,398,749	0	2,398,749	67.00	
68.00	06800 SPEECH PATHOLOGY	0	873,181	0	873,181	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,799,857	0	2,799,857	69.00	
69.02	06902 CARDIAC REHAB		1,900,195	0	1,900,195	69.02	
69.03	06903 DIABETIC EDUCATION		0	0	0	69.03	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,182,707	0	1,182,707	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		5,976,127	0	5,976,127	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		30,377,845	0	30,377,845	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		68,008,630	0	68,008,630	73.00	
74.00	07400 RENAL DIALYSIS		1,456,091	0	1,456,091	74.00	
76.00	03951 ECT		230,864	0	230,864	76.00	
76.01	03950 MOBILE OUTREACH CLINIC		946,978	0	946,978	76.01	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000 CLINIC	1,579,873	1,579,873	0	1,579,873	90.00	
90.01	09001 OUTPATIENT PSYCH	0	0	0	0	90.01	
90.02	09002 PEDS CLINIC	0	0	0	0	90.02	
90.04	09004 BARIATRICS	0	0	0	0	90.04	
91.00	09100 EMERGENCY	13,604,757	13,604,757	0	13,604,757	91.00	
91.01	09101 DIAGNOSTIC TREATMENT CENTER	4,048,407	4,048,407	0	4,048,407	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	8,778,189	8,778,189	0	8,778,189	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	5,231,681	5,231,681	0	5,231,681	95.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	4,092,328	4,092,328	0	4,092,328	97.00	
98.00	09850 HOME OFFICE	0	0	0	0	98.00	
99.00	09900 CMHC	0	0	0	0	99.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION	0	0	0	0	106.00	
200.00	Subtotal (see instructions)	401,149,151	401,149,151	23,879	401,173,030	200.00	
201.00	Less Observation Beds	8,778,189	8,778,189		8,778,189	201.00	
202.00	Total (see instructions)	392,370,962	392,370,962	23,879	392,394,841	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet C
Part I
Date/Time Prepared:
11/25/2019 3:35 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	46,152,247		46,152,247		30.00
31.00	03100	INTENSIVE CARE UNIT	24,003,342		24,003,342		31.00
31.02	03102	NICU	9,106,857		9,106,857		31.02
32.00	03200	CORONARY CARE UNIT	3,208,641		3,208,641		32.00
40.00	04000	SUBPROVIDER - I/PF	7,402,642		7,402,642		40.00
41.00	04100	SUBPROVIDER - I/RF	5,383,464		5,383,464		41.00
43.00	04300	NURSERY	2,499,762		2,499,762		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	155,984,424	298,599,040	454,583,464	0.194743	50.00
51.00	05100	RECOVERY ROOM	13,557,744	14,619,491	28,177,235	0.138810	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,631,441	483,401	21,114,842	0.257516	52.00
53.00	05300	ANESTHESIOLOGY	21,570,675	14,702,335	36,273,010	0.003665	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,668,280	55,439,950	67,108,230	0.158869	54.00
54.02	05402	ULTRASOUND	6,009,126	11,637,566	17,646,692	0.058316	54.02
54.03	05403	NUCLEAR MEDICINE	6,144,496	28,632,276	34,776,772	0.118705	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	19,606,856	41,529,469	61,136,325	0.044859	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,006,998	16,243,036	20,250,034	0.083711	58.00
59.00	05900	CARDIAC CATHETERIZATION	72,988,888	82,206,522	155,195,410	0.038615	59.00
60.00	06000	LABORATORY	45,499,783	93,998,613	139,498,396	0.160853	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,545,485	2,615,975	12,161,460	0.173760	63.00
64.00	06400	INTRAVENOUS THERAPY	12,492,016	22,441,951	34,933,967	0.208337	64.00
65.00	06500	RESPIRATORY THERAPY	12,451,343	4,909,615	17,360,958	0.338055	65.00
66.00	06600	PHYSICAL THERAPY	10,505,242	7,006,686	17,511,928	0.399718	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,491,771	550,457	12,042,228	0.199195	67.00
68.00	06800	SPEECH PATHOLOGY	4,057,187	265,195	4,322,382	0.202014	68.00
69.00	06900	ELECTROCARDIOLOGY	24,040,658	45,141,193	69,181,851	0.040471	69.00
69.02	06902	CARDIAC REHAB	3,668	1,836,101	1,839,769	1.032844	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	2,493,272	5,879,294	8,372,566	0.141260	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,755,376	58,843,244	105,598,620	0.056593	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,157,261	48,031,341	109,188,602	0.278214	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,662,161	174,951,012	245,613,173	0.276893	73.00
74.00	07400	RENAL DIALYSIS	5,054,899	518,083	5,572,982	0.261277	74.00
76.00	03951	ECT	560,864	2,150,304	2,711,168	0.085153	76.00
76.01	03950	MOBILE OUTREACH CLINIC	126	674,481	674,607	1.403748	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	44,746	4,096,496	4,141,242	0.381497	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	90.02
90.04	09004	BARIATRICS	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	32,580,792	90,520,797	123,101,589	0.110517	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	8,739,401	19,549,239	28,288,640	0.143111	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,062,277	8,028,365	12,090,642	0.726032	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	5,019,797	5,019,797	1.042210	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,441	8,740,292	8,741,733	0.468137	97.00
98.00	09850	HOME OFFICE	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0		106.00
200.00		Subtotal (see instructions)	792,125,652	1,169,861,617	1,961,987,269		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	792,125,652	1,169,861,617	1,961,987,269		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/25/2019 3:35 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.02	03102 NICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.194795		50.00
51.00	05100 RECOVERY ROOM	0.138810		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.257516		52.00
53.00	05300 ANESTHESIOLOGY	0.003665		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.158869		54.00
54.02	05402 ULTRASOUND	0.058316		54.02
54.03	05403 NUCLEAR MEDICINE	0.118705		54.03
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.044859		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.083711		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.038615		59.00
60.00	06000 LABORATORY	0.160853		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.173760		63.00
64.00	06400 INTRAVENOUS THERAPY	0.208337		64.00
65.00	06500 RESPIRATORY THERAPY	0.338055		65.00
66.00	06600 PHYSICAL THERAPY	0.399718		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.199195		67.00
68.00	06800 SPEECH PATHOLOGY	0.202014		68.00
69.00	06900 ELECTROCARDIOLOGY	0.040471		69.00
69.02	06902 CARDIAC REHAB	1.032844		69.02
69.03	06903 DIABETIC EDUCATION	0.000000		69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.141260		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.056593		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.278214		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.276893		73.00
74.00	07400 RENAL DIALYSIS	0.261277		74.00
76.00	03951 ECT	0.085153		76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.403748		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.381497		90.00
90.01	09001 OUTPATIENT PSYCH	0.000000		90.01
90.02	09002 PEDS CLINIC	0.000000		90.02
90.04	09004 BARIATRICS	0.000000		90.04
91.00	09100 EMERGENCY	0.110517		91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.143111		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.726032		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	1.042210		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.468137		97.00
98.00	09850 HOME OFFICE	0.000000		98.00
99.00	09900 CMHC			99.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
106.00	10600 HEART ACQUISITION			106.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

Period: From 07/01/2018 To 06/30/2019

Worksheet C Part I Date/Time Prepared: 11/25/2019 3:35 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	44,060,934		44,060,934	0	44,060,934	30.00
31.00	03100 INTENSIVE CARE UNIT	16,640,076		16,640,076	0	16,640,076	31.00
31.02	03102 NICU	6,460,618		6,460,618	0	6,460,618	31.02
32.00	03200 CORONARY CARE UNIT	2,374,487		2,374,487	0	2,374,487	32.00
40.00	04000 SUBPROVIDER - IPF	2,936,941		2,936,941	0	2,936,941	40.00
41.00	04100 SUBPROVIDER - IRF	4,634,633		4,634,633	0	4,634,633	41.00
43.00	04300 NURSERY	1,598,492		1,598,492	0	1,598,492	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	88,526,896		88,526,896	23,879	88,550,775	50.00
51.00	05100 RECOVERY ROOM	3,911,275		3,911,275	0	3,911,275	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,437,412		5,437,412	0	5,437,412	52.00
53.00	05300 ANESTHESIOLOGY	132,931		132,931	0	132,931	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,661,402		10,661,402	0	10,661,402	54.00
54.02	05402 ULTRASOUND	1,029,085		1,029,085	0	1,029,085	54.02
54.03	05403 NUCLEAR MEDICINE	4,128,175		4,128,175	0	4,128,175	54.03
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	2,742,526		2,742,526	0	2,742,526	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,695,144		1,695,144	0	1,695,144	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,992,883		5,992,883	0	5,992,883	59.00
60.00	06000 LABORATORY	22,438,785		22,438,785	0	22,438,785	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,113,175		2,113,175	0	2,113,175	63.00
64.00	06400 INTRAVENOUS THERAPY	7,278,033		7,278,033	0	7,278,033	64.00
65.00	06500 RESPIRATORY THERAPY	5,868,955	0	5,868,955	0	5,868,955	65.00
66.00	06600 PHYSICAL THERAPY	6,999,834	0	6,999,834	0	6,999,834	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,398,749	0	2,398,749	0	2,398,749	67.00
68.00	06800 SPEECH PATHOLOGY	873,181	0	873,181	0	873,181	68.00
69.00	06900 ELECTROCARDIOLOGY	2,799,857		2,799,857	0	2,799,857	69.00
69.02	06902 CARDIAC REHAB	1,900,195		1,900,195	0	1,900,195	69.02
69.03	06903 DIABETIC EDUCATION	0		0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	1,182,707		1,182,707	0	1,182,707	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5,976,127		5,976,127	0	5,976,127	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	30,377,845		30,377,845	0	30,377,845	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	68,008,630		68,008,630	0	68,008,630	73.00
74.00	07400 RENAL DIALYSIS	1,456,091		1,456,091	0	1,456,091	74.00
76.00	03951 ECT	230,864		230,864	0	230,864	76.00
76.01	03950 MOBILE OUTREACH CLINIC	946,978		946,978	0	946,978	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	1,579,873		1,579,873	0	1,579,873	90.00
90.01	09001 OUTPATIENT PSYCH	0		0	0	0	90.01
90.02	09002 PEDS CLINIC	0		0	0	0	90.02
90.04	09004 BARIATRICS	0		0	0	0	90.04
91.00	09100 EMERGENCY	13,604,757		13,604,757	0	13,604,757	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	4,048,407		4,048,407	0	4,048,407	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	8,778,189		8,778,189	0	8,778,189	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	5,231,681		5,231,681	0	5,231,681	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	4,092,328		4,092,328	0	4,092,328	97.00
98.00	09850 HOME OFFICE	0		0	0	0	98.00
99.00	09900 CMHC	0		0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION	0		0	0	0	106.00
200.00	Subtotal (see instructions)	401,149,151	0	401,149,151	23,879	401,173,030	200.00
201.00	Less Observation Beds	8,778,189		8,778,189		8,778,189	201.00
202.00	Total (see instructions)	392,370,962	0	392,370,962	23,879	392,394,841	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet C
Part I
Date/Time Prepared:
11/25/2019 3:35 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	46,152,247		46,152,247		30.00
31.00	03100	INTENSIVE CARE UNIT	24,003,342		24,003,342		31.00
31.02	03102	NICU	9,106,857		9,106,857		31.02
32.00	03200	CORONARY CARE UNIT	3,208,641		3,208,641		32.00
40.00	04000	SUBPROVIDER - I/PF	7,402,642		7,402,642		40.00
41.00	04100	SUBPROVIDER - I/RF	5,383,464		5,383,464		41.00
43.00	04300	NURSERY	2,499,762		2,499,762		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	155,984,424	298,599,040	454,583,464	0.194743	50.00
51.00	05100	RECOVERY ROOM	13,557,744	14,619,491	28,177,235	0.138810	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,631,441	483,401	21,114,842	0.257516	52.00
53.00	05300	ANESTHESIOLOGY	21,570,675	14,702,335	36,273,010	0.003665	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,668,280	55,439,950	67,108,230	0.158869	54.00
54.02	05402	ULTRASOUND	6,009,126	11,637,566	17,646,692	0.058316	54.02
54.03	05403	NUCLEAR MEDICINE	6,144,496	28,632,276	34,776,772	0.118705	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	19,606,856	41,529,469	61,136,325	0.044859	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,006,998	16,243,036	20,250,034	0.083711	58.00
59.00	05900	CARDIAC CATHETERIZATION	72,988,888	82,206,522	155,195,410	0.038615	59.00
60.00	06000	LABORATORY	45,499,783	93,998,613	139,498,396	0.160853	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,545,485	2,615,975	12,161,460	0.173760	63.00
64.00	06400	INTRAVENOUS THERAPY	12,492,016	22,441,951	34,933,967	0.208337	64.00
65.00	06500	RESPIRATORY THERAPY	12,451,343	4,909,615	17,360,958	0.338055	65.00
66.00	06600	PHYSICAL THERAPY	10,505,242	7,006,686	17,511,928	0.399718	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,491,771	550,457	12,042,228	0.199195	67.00
68.00	06800	SPEECH PATHOLOGY	4,057,187	265,195	4,322,382	0.202014	68.00
69.00	06900	ELECTROCARDIOLOGY	24,040,658	45,141,193	69,181,851	0.040471	69.00
69.02	06902	CARDIAC REHAB	3,668	1,836,101	1,839,769	1.032844	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0.000000	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	2,493,272	5,879,294	8,372,566	0.141260	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,755,376	58,843,244	105,598,620	0.056593	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	61,157,261	48,031,341	109,188,602	0.278214	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,662,161	174,951,012	245,613,173	0.276893	73.00
74.00	07400	RENAL DIALYSIS	5,054,899	518,083	5,572,982	0.261277	74.00
76.00	03951	ECT	560,864	2,150,304	2,711,168	0.085153	76.00
76.01	03950	MOBILE OUTREACH CLINIC	126	674,481	674,607	1.403748	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	44,746	4,096,496	4,141,242	0.381497	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0.000000	90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	90.02
90.04	09004	BARIATRICS	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	32,580,792	90,520,797	123,101,589	0.110517	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	8,739,401	19,549,239	28,288,640	0.143111	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,062,277	8,028,365	12,090,642	0.726032	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	5,019,797	5,019,797	1.042210	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	1,441	8,740,292	8,741,733	0.468137	97.00
98.00	09850	HOME OFFICE	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0		106.00
200.00		Subtotal (see instructions)	792,125,652	1,169,861,617	1,961,987,269		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	792,125,652	1,169,861,617	1,961,987,269		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 11/25/2019 3:35 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.02	03102	NICU			31.02
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.02	05402	ULTRASOUND	0.000000		54.02
54.03	05403	NUCLEAR MEDICINE	0.000000		54.03
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.02	06902	CARDIAC REHAB	0.000000		69.02
69.03	06903	DIABETIC EDUCATION	0.000000		69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03951	ECT	0.000000		76.00
76.01	03950	MOBILE OUTREACH CLINIC	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OUTPATIENT PSYCH	0.000000		90.01
90.02	09002	PEDS CLINIC	0.000000		90.02
90.04	09004	BARIATRICS	0.000000		90.04
91.00	09100	EMERGENCY	0.000000		91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850	HOME OFFICE	0.000000		98.00
99.00	09900	CMHC			99.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
106.00	10600	HEART ACQUISITION			106.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part I Date/Time Prepared: 11/25/2019 3:35 pm
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Cost Center Description	Title XVIII			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,682,512	0	3,682,512	47,373	77.73	30.00
31.00	INTENSIVE CARE UNIT	1,123,050		1,123,050	11,094	101.23	31.00
31.02	NICU	452,094		452,094	4,981	90.76	31.02
32.00	CORONARY CARE UNIT	210,606		210,606	1,170	180.01	32.00
40.00	SUBPROVIDER - IPF	250,662	0	250,662	3,994	62.76	40.00
41.00	SUBPROVIDER - IRF	604,171	0	604,171	4,930	122.55	41.00
43.00	NURSERY	38,874		38,874	2,372	16.39	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	6,361,969		6,361,969	75,914		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
		6.00

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	15,701	1,220,439	30.00
31.00	INTENSIVE CARE UNIT	5,135	519,816	31.00
31.02	NICU	0	0	31.02
32.00	CORONARY CARE UNIT	503	90,545	32.00
40.00	SUBPROVIDER - IPF	898	56,358	40.00
41.00	SUBPROVIDER - IRF	2,791	342,037	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30 through 199)	25,028	2,229,195	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0100		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part II Date/Time Prepared: 11/25/2019 3:35 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,107,625	454,583,464	0.011236	90,196,360	1,013,446	50.00
51.00	05100	RECOVERY ROOM	263,993	28,177,235	0.009369	4,503,481	42,193	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	444,897	21,114,842	0.021070	5,876	124	52.00
53.00	05300	ANESTHESIOLOGY	38,799	36,273,010	0.001070	10,054,324	10,758	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,635,927	67,108,230	0.024377	5,085,519	123,970	54.00
54.02	05402	ULTRASOUND	64,752	17,646,692	0.003669	2,606,776	9,564	54.02
54.03	05403	NUCLEAR MEDICINE	242,713	34,776,772	0.006979	3,226,549	22,518	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	540,059	61,136,325	0.008834	7,937,008	70,116	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	295,024	20,250,034	0.014569	1,621,900	23,629	58.00
59.00	05900	CARDIAC CATHETERIZATION	919,184	155,195,410	0.005923	11,300,424	66,932	59.00
60.00	06000	LABORATORY	838,171	139,498,396	0.006008	18,889,159	113,486	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	58,981	12,161,460	0.004850	3,093,972	15,006	63.00
64.00	06400	INTRAVENOUS THERAPY	338,486	34,933,967	0.009689	4,713,964	45,674	64.00
65.00	06500	RESPIRATORY THERAPY	224,137	17,360,958	0.012910	3,886,132	50,170	65.00
66.00	06600	PHYSICAL THERAPY	274,926	17,511,928	0.015699	3,184,084	49,987	66.00
67.00	06700	OCCUPATIONAL THERAPY	58,633	12,042,228	0.004869	2,831,401	13,786	67.00
68.00	06800	SPEECH PATHOLOGY	33,606	4,322,382	0.007775	921,337	7,163	68.00
69.00	06900	ELECTROCARDIOLOGY	374,188	69,181,851	0.005409	10,936,277	59,154	69.00
69.02	06902	CARDIAC REHAB	180,471	1,839,769	0.098094	2,416	237	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0.000000	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	137,410	8,372,566	0.016412	372,931	6,121	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	204,163	105,598,620	0.001933	18,219,852	35,219	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,025,156	109,188,602	0.009389	28,152,530	264,324	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,946,378	245,613,173	0.007925	25,008,645	198,194	73.00
74.00	07400	RENAL DIALYSIS	85,824	5,572,982	0.015400	1,505,938	23,191	74.00
76.00	03951	ECT	5,698	2,711,168	0.002102	2,458	5	76.00
76.01	03950	MOBILE OUTREACH CLINIC	263,344	674,607	0.390367	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	66,117	4,141,242	0.015966	5,742	92	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0.000000	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARiatricS	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	890,554	123,101,589	0.007234	12,719,497	92,013	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	389,875	28,288,640	0.013782	3,142,146	43,305	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	733,663	12,090,642	0.060680	1,888,906	114,619	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	115,330	8,741,733	0.013193	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	17,798,084	1,859,210,517		276,015,604	2,514,996	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part III Date/Time Prepared: 11/25/2019 3:35 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.02	03102	NI CU	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	47,373	0.00	15,701
31.00	03100	INTENSIVE CARE UNIT	0	0	11,094	0.00	5,135
31.02	03102	NI CU	0	0	4,981	0.00	0
32.00	03200	CORONARY CARE UNIT	0	0	1,170	0.00	503
40.00	04000	SUBPROVIDER - IPF	0	0	3,994	0.00	898
41.00	04100	SUBPROVIDER - IRF	0	0	4,930	0.00	2,791
43.00	04300	NURSERY	0	0	2,372	0.00	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0
45.00	04500	NURSING FACILITY	0	0	0	0.00	0
200.00		Total (lines 30 through 199)	0	0	75,914		25,028
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
31.02	03102	NI CU	0				31.02
32.00	03200	CORONARY CARE UNIT	0				32.00
40.00	04000	SUBPROVIDER - IPF	0				40.00
41.00	04100	SUBPROVIDER - IRF	0				41.00
43.00	04300	NURSERY	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0				44.00
45.00	04500	NURSING FACILITY	0				45.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.02 05402 ULTRASOUND	0	0	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	0	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.02 06902 CARDIAC REHAB	0	0	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	296,614	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03951 ECT	0	0	0	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	296,614	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	454,583,464	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	28,177,235	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	21,114,842	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	36,273,010	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	67,108,230	0.000000	54.00
54.02 05402 ULTRASOUND	0	0	0	17,646,692	0.000000	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	34,776,772	0.000000	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	61,136,325	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,250,034	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	155,195,410	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	139,498,396	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,161,460	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	34,933,967	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	17,360,958	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	17,511,928	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	12,042,228	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,322,382	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69,181,851	0.000000	69.00
69.02 06902 CARDIAC REHAB	0	0	0	1,839,769	0.000000	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,372,566	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	105,598,620	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	109,188,602	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	296,614	296,614	245,613,173	0.001208	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	5,572,982	0.000000	74.00
76.00 03951 ECT	0	0	0	2,711,168	0.000000	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	674,607	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	4,141,242	0.000000	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0.000000	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04 09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	123,101,589	0.000000	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	28,288,640	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,090,642	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,741,733	0.000000	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	296,614	296,614	1,859,210,517		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	90,196,360	0	97,147,290	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	4,503,481	0	9,453,948	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	5,876	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	10,054,324	0	13,767,819	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	5,085,519	0	6,048,050	0	54.00
54.02	05402 ULTRASOUND	0.000000	2,606,776	0	3,382,957	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	3,226,549	0	12,446,365	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	7,937,008	0	14,127,641	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,621,900	0	5,926,566	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	11,300,424	0	18,588,178	0	59.00
60.00	06000 LABORATORY	0.000000	18,889,159	0	11,799,123	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	3,093,972	0	882,477	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	4,713,964	0	7,022,920	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	3,886,132	0	1,567,803	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,184,084	0	202,520	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,831,401	0	158,623	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	921,337	0	38,571	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	10,936,277	0	14,484,142	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	2,416	0	847,214	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	372,931	0	2,116,593	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	18,219,852	0	17,453,598	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	28,152,530	0	19,685,012	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001208	25,008,645	30,210	36,063,857	43,565	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,505,938	0	213,792	0	74.00
76.00	03951 ECT	0.000000	2,458	0	446,164	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	5,742	0	414,016	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	12,719,497	0	15,130,924	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	3,142,146	0	9,226,214	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,888,906	0	2,428,977	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		276,015,604	30,210	321,071,354	43,565	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/25/2019 3:35 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.194743	97,147,290	0	0	18,918,755
51.00 05100 RECOVERY ROOM	0.138810	9,453,948	0	0	1,312,303
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.257516	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.003665	13,767,819	0	0	50,459
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.158869	6,048,050	0	0	960,848
54.02 05402 ULTRASOUND	0.058316	3,382,957	0	0	197,281
54.03 05403 NUCLEAR MEDICINE	0.118705	12,446,365	0	0	1,477,446
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.044859	14,127,641	0	0	633,752
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.083711	5,926,566	0	0	496,119
59.00 05900 CARDIAC CATHETERIZATION	0.038615	18,588,178	0	0	717,782
60.00 06000 LABORATORY	0.160853	11,799,123	0	0	1,897,924
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.173760	882,477	0	0	153,339
64.00 06400 INTRAVENOUS THERAPY	0.208337	7,022,920	0	0	1,463,134
65.00 06500 RESPIRATORY THERAPY	0.338055	1,567,803	0	0	530,004
66.00 06600 PHYSICAL THERAPY	0.399718	202,520	0	0	80,951
67.00 06700 OCCUPATIONAL THERAPY	0.199195	158,623	0	0	31,597
68.00 06800 SPEECH PATHOLOGY	0.202014	38,571	0	0	7,792
69.00 06900 ELECTROCARDIOLOGY	0.040471	14,484,142	0	0	586,188
69.02 06902 CARDIAC REHAB	1.032844	847,214	0	0	875,040
69.03 06903 DIABETIC EDUCATION	0.000000	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.141260	2,116,593	0	0	298,990
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.056593	17,453,598	0	0	987,751
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.278214	19,685,012	0	0	5,476,646
73.00 07300 DRUGS CHARGED TO PATIENTS	0.276893	36,063,857	0	59,471	9,985,830
74.00 07400 RENAL DIALYSIS	0.261277	213,792	0	0	55,859
76.00 03951 ECT	0.085153	446,164	0	0	37,992
76.01 03950 MOBILE OUTREACH CLINIC	1.403748	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.381497	414,016	0	0	157,946
90.01 09001 OUTPATIENT PSYCH	0.000000	0	0	0	0
90.02 09002 PEDS CLINIC	0.000000	0	0	0	0
90.04 09004 BARIATRICS	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.110517	15,130,924	0	0	1,672,224
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0.143111	9,226,214	0	0	1,320,373
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.726032	2,428,977	0	0	1,763,515
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	1.042210		0		
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.468137	0	0	0	0
98.00 09850 HOME OFFICE	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	321,071,354	0	59,471	52,147,840
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 - line 201)	321,071,354	0	59,471	52,147,840

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/25/2019 3:35 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05403 NUCLEAR MEDICINE	0	0		54.03
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.02 06902 CARDIAC REHAB	0	0		69.02
69.03 06903 DIABETIC EDUCATION	0	0		69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	16,467		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 ECT	0	0		76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OUTPATIENT PSYCH	0	0		90.01
90.02 09002 PEDS CLINIC	0	0		90.02
90.04 09004 BARIATRICS	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 HOME OFFICE	0	0		98.00
200.00	Subtotal (see instructions)	0	16,467	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	16,467	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part II Date/Time Prepared: 11/25/2019 3:35 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,107,625	454,583,464	0.011236	0	0	50.00
51.00	05100	RECOVERY ROOM	263,993	28,177,235	0.009369	125,348	1,174	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	444,897	21,114,842	0.021070	0	0	52.00
53.00	05300	ANESTHESIOLOGY	38,799	36,273,010	0.001070	138,548	148	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,635,927	67,108,230	0.024377	25,017	610	54.00
54.02	05402	ULTRASOUND	64,752	17,646,692	0.003669	5,044	19	54.02
54.03	05403	NUCLEAR MEDICINE	242,713	34,776,772	0.006979	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	540,059	61,136,325	0.008834	22,173	196	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	295,024	20,250,034	0.014569	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	919,184	155,195,410	0.005923	0	0	59.00
60.00	06000	LABORATORY	838,171	139,498,396	0.006008	144,191	866	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	58,981	12,161,460	0.004850	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	338,486	34,933,967	0.009689	4,616	45	64.00
65.00	06500	RESPIRATORY THERAPY	224,137	17,360,958	0.012910	4,086	53	65.00
66.00	06600	PHYSICAL THERAPY	274,926	17,511,928	0.015699	12,943	203	66.00
67.00	06700	OCCUPATIONAL THERAPY	58,633	12,042,228	0.004869	8,735	43	67.00
68.00	06800	SPEECH PATHOLOGY	33,606	4,322,382	0.007775	398	3	68.00
69.00	06900	ELECTROCARDIOLOGY	374,188	69,181,851	0.005409	12,862	70	69.00
69.02	06902	CARDIAC REHAB	180,471	1,839,769	0.098094	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0.000000	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	137,410	8,372,566	0.016412	1,021	17	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	204,163	105,598,620	0.001933	14,233	28	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,025,156	109,188,602	0.009389	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,946,378	245,613,173	0.007925	244,566	1,938	73.00
74.00	07400	RENAL DIALYSIS	85,824	5,572,982	0.015400	0	0	74.00
76.00	03951	ECT	5,698	2,711,168	0.002102	110,226	232	76.00
76.01	03950	MOBILE OUTREACH CLINIC	263,344	674,607	0.390367	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	66,117	4,141,242	0.015966	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0.000000	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARITRICS	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	890,554	123,101,589	0.007234	159,720	1,155	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	389,875	28,288,640	0.013782	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	12,090,642	0.000000	9,581	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	115,330	8,741,733	0.013193	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	17,064,421	1,859,210,517		1,043,308	6,800	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	296,614	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	296,614	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	454,583,464	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	28,177,235	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	21,114,842	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	36,273,010	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	67,108,230	0.000000	54.00
54.02 05402 ULTRASOUND	0	0	0	17,646,692	0.000000	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	34,776,772	0.000000	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	61,136,325	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,250,034	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	155,195,410	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	139,498,396	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,161,460	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	34,933,967	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	17,360,958	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	17,511,928	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	12,042,228	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,322,382	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69,181,851	0.000000	69.00
69.02 06902 CARDIAC REHAB	0	0	0	1,839,769	0.000000	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,372,566	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	105,598,620	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	109,188,602	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	296,614	296,614	245,613,173	0.001208	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	5,572,982	0.000000	74.00
76.00 03951 ECT	0	0	0	2,711,168	0.000000	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	674,607	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	4,141,242	0.000000	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0.000000	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04 09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	123,101,589	0.000000	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	28,288,640	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,090,642	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,741,733	0.000000	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	296,614	296,614	1,859,210,517		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	125,348	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	138,548	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	25,017	0	0	0	54.00
54.02	05402 ULTRASOUND	0.000000	5,044	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	22,173	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	144,191	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	4,616	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,086	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	12,943	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	8,735	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	398	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	12,862	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,021	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	14,233	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001208	244,566	295	645	1	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03951 ECT	0.000000	110,226	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	159,720	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	9,581	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		1,043,308	295	645	1	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/25/2019 3:35 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.194743	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.138810	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.257516	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.003665	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.158869	0	0	0	0	54.00
54.02 05402 ULTRASOUND	0.058316	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0.118705	0	0	0	0	54.03
56.00 05600 RADIO SOTOPE	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.044859	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.083711	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.038615	0	0	0	0	59.00
60.00 06000 LABORATORY	0.160853	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.173760	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.208337	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.338055	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.399718	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.199195	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.202014	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.040471	0	0	0	0	69.00
69.02 06902 CARDIAC REHAB	1.032844	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0.141260	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.056593	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.278214	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.276893	645	0	208	179	73.00
74.00 07400 RENAL DIALYSIS	0.261277	0	0	0	0	74.00
76.00 03951 ECT	0.085153	0	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	1.403748	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.381497	0	0	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04 09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.110517	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0.143111	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.726032	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	1.042210		0			95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.468137	0	0	0	0	97.00
98.00 09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		645	0	208	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		645	0	208	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/25/2019 3:35 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.02 05402 ULTRASOUND	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	54.03
56.00 05600 RADIO SOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.02 06902 CARDIAC REHAB	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	58	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03951 ECT	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	76.01
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	90.02
90.04 09004 BARIATRICS	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 HOME OFFICE	0	0	98.00
200.00 Subtotal (see instructions)	0	58	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	58	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part II Date/Time Prepared: 11/25/2019 3:35 pm		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,107,625	454,583,464	0.011236	66,790	750	50.00
51.00	05100	RECOVERY ROOM	263,993	28,177,235	0.009369	3,737	35	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	444,897	21,114,842	0.021070	0	0	52.00
53.00	05300	ANESTHESIOLOGY	38,799	36,273,010	0.001070	10,331	11	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,635,927	67,108,230	0.024377	36,114	880	54.00
54.02	05402	ULTRASOUND	64,752	17,646,692	0.003669	18,016	66	54.02
54.03	05403	NUCLEAR MEDICINE	242,713	34,776,772	0.006979	2,885	20	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	540,059	61,136,325	0.008834	45,568	403	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	295,024	20,250,034	0.014569	15,774	230	58.00
59.00	05900	CARDIAC CATHETERIZATION	919,184	155,195,410	0.005923	0	0	59.00
60.00	06000	LABORATORY	838,171	139,498,396	0.006008	352,353	2,117	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	58,981	12,161,460	0.004850	15,334	74	63.00
64.00	06400	INTRAVENOUS THERAPY	338,486	34,933,967	0.009689	52,688	510	64.00
65.00	06500	RESPIRATORY THERAPY	224,137	17,360,958	0.012910	20,851	269	65.00
66.00	06600	PHYSICAL THERAPY	274,926	17,511,928	0.015699	2,051,581	32,208	66.00
67.00	06700	OCCUPATIONAL THERAPY	58,633	12,042,228	0.004869	2,283,221	11,117	67.00
68.00	06800	SPEECH PATHOLOGY	33,606	4,322,382	0.007775	1,023,330	7,956	68.00
69.00	06900	ELECTROCARDIOLOGY	374,188	69,181,851	0.005409	8,189	44	69.00
69.02	06902	CARDIAC REHAB	180,471	1,839,769	0.098094	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0.000000	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	137,410	8,372,566	0.016412	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	204,163	105,598,620	0.001933	92,583	179	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,025,156	109,188,602	0.009389	15,558	146	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,946,378	245,613,173	0.007925	633,284	5,019	73.00
74.00	07400	RENAL DIALYSIS	85,824	5,572,982	0.015400	96,924	1,493	74.00
76.00	03951	ECT	5,698	2,711,168	0.002102	0	0	76.00
76.01	03950	MOBILE OUTREACH CLINIC	263,344	674,607	0.390367	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	66,117	4,141,242	0.015966	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0.000000	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARITRICS	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	890,554	123,101,589	0.007234	5,352	39	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	389,875	28,288,640	0.013782	15,565	215	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	12,090,642	0.000000	6,418	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	115,330	8,741,733	0.013193	0	0	97.00
98.00	09850	HOME OFFICE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	17,064,421	1,859,210,517		6,872,446	63,781	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	296,614	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	296,614	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	454,583,464	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	28,177,235	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	21,114,842	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	36,273,010	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	67,108,230	0.000000	54.00
54.02 05402 ULTRASOUND	0	0	0	17,646,692	0.000000	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	34,776,772	0.000000	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	61,136,325	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,250,034	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	155,195,410	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	139,498,396	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,161,460	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	34,933,967	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	17,360,958	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	17,511,928	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	12,042,228	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,322,382	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69,181,851	0.000000	69.00
69.02 06902 CARDIAC REHAB	0	0	0	1,839,769	0.000000	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,372,566	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	105,598,620	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	109,188,602	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	296,614	296,614	245,613,173	0.001208	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	5,572,982	0.000000	74.00
76.00 03951 ECT	0	0	0	2,711,168	0.000000	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	674,607	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	4,141,242	0.000000	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0.000000	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04 09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	123,101,589	0.000000	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	28,288,640	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,090,642	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,741,733	0.000000	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	296,614	296,614	1,859,210,517		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	66,790	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	3,737	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	10,331	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	36,114	0	0	0	54.00
54.02	05402 ULTRASOUND	0.000000	18,016	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	2,885	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	45,568	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	15,774	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	352,353	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	15,334	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	52,688	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	20,851	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	2,051,581	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,283,221	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,023,330	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	8,189	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	92,583	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	15,558	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001208	633,284	765	1,032	1	73.00
74.00	07400 RENAL DIALYSIS	0.000000	96,924	0	0	0	74.00
76.00	03951 ECT	0.000000	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	5,352	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	15,565	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	6,418	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		6,872,446	765	1,032	1	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/25/2019 3:35 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.194743	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.138810	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.257516	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.003665	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.158869	0	0	0	0	54.00
54.02 05402 ULTRASOUND	0.058316	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0.118705	0	0	0	0	54.03
56.00 05600 RADIO SOTOPE	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.044859	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.083711	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.038615	0	0	0	0	59.00
60.00 06000 LABORATORY	0.160853	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.173760	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.208337	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.338055	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.399718	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.199195	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.202014	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.040471	0	0	0	0	69.00
69.02 06902 CARDIAC REHAB	1.032844	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0.141260	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.056593	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.278214	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.276893	1,032	0	349	286	73.00
74.00 07400 RENAL DIALYSIS	0.261277	0	0	0	0	74.00
76.00 03951 ECT	0.085153	0	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	1.403748	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.381497	0	0	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04 09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.110517	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0.143111	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.726032	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	1.042210		0			95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.468137	0	0	0	0	97.00
98.00 09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		1,032	349	286	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		1,032	349	286	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/25/2019 3:35 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.02 05402 ULTRASOUND	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.02 06902 CARDIAC REHAB	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	97	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03951 ECT	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	76.01
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	90.02
90.04 09004 BARIATRICS	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 09850 HOME OFFICE	0	0	98.00
200.00 Subtotal (see instructions)	0	97	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (line 200 - line 201)	0	97	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part III Date/Time Prepared: 11/25/2019 3:35 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
		1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.02	03102	NI CU	0	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	0	200.00
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
		4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	47,373	0.00	1,077
31.00	03100	INTENSIVE CARE UNIT	0	0	11,094	0.00	235
31.02	03102	NI CU	0	0	4,981	0.00	447
32.00	03200	CORONARY CARE UNIT	0	0	1,170	0.00	0
40.00	04000	SUBPROVIDER - IPF	0	0	3,994	0.00	1,221
41.00	04100	SUBPROVIDER - IRF	0	0	4,930	0.00	62
43.00	04300	NURSERY	0	0	2,372	0.00	1,469
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0
45.00	04500	NURSING FACILITY	0	0	0	0.00	0
200.00		Total (lines 30 through 199)	0	0	75,914	0.00	4,511
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
		9.00					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0				31.00
31.02	03102	NI CU	0				31.02
32.00	03200	CORONARY CARE UNIT	0				32.00
40.00	04000	SUBPROVIDER - IPF	0				40.00
41.00	04100	SUBPROVIDER - IRF	0				41.00
43.00	04300	NURSERY	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0				44.00
45.00	04500	NURSING FACILITY	0				45.00
200.00		Total (lines 30 through 199)	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm
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Cost Center Description	Title XIX				Hospital		
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	Cost	
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.02 05402 ULTRASOUND	0	0	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	0	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.02 06902 CARDIAC REHAB	0	0	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	296,614	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03951 ECT	0	0	0	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	296,614	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm
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Cost Center Description	Title XIX			Hospital	Cost	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	454,583,464	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	28,177,235	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	21,114,842	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	36,273,010	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	67,108,230	0.000000	54.00
54.02 05402 ULTRASOUND	0	0	0	17,646,692	0.000000	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	34,776,772	0.000000	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	61,136,325	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,250,034	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	155,195,410	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	139,498,396	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,161,460	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	34,933,967	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	17,360,958	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	17,511,928	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	12,042,228	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,322,382	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69,181,851	0.000000	69.00
69.02 06902 CARDIAC REHAB	0	0	0	1,839,769	0.000000	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,372,566	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	105,598,620	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	109,188,602	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	296,614	296,614	245,613,173	0.001208	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	5,572,982	0.000000	74.00
76.00 03951 ECT	0	0	0	2,711,168	0.000000	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	674,607	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	4,141,242	0.000000	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0.000000	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04 09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	123,101,589	0.000000	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	28,288,640	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,090,642	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,741,733	0.000000	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	296,614	296,614	1,859,210,517		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm
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Cost Center Description		Title XIX			Hospital		Cost
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	6,812,998	0	7,854,000	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	384,534	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	901,128	0	12,715	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	942,152	0	386,713	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	509,640	0	1,458,228	0	54.00
54.02	05402 ULTRASOUND	0.000000	262,463	0	306,101	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	268,376	0	753,110	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	856,377	0	1,092,343	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	175,015	0	427,238	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,187,967	0	2,162,264	0	59.00
60.00	06000 LABORATORY	0.000000	1,987,313	0	2,472,430	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	416,922	0	68,808	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	545,619	0	590,287	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	543,843	0	129,137	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	458,842	0	184,296	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	501,931	0	14,479	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	177,207	0	6,975	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,050,034	0	1,187,341	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	160	0	48,295	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	108,900	0	154,642	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,042,154	0	1,547,744	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,671,192	0	1,263,360	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001208	3,086,341	3,728	4,601,707	5,559	73.00
74.00	07400 RENAL DIALYSIS	0.000000	220,785	0	13,627	0	74.00
76.00	03951 ECT	0.000000	24,497	0	56,559	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	6	0	17,741	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	1,954	0	107,749	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	1,423,045	0	2,380,953	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	381,715	0	514,200	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	177,430	0	211,169	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	63	0	229,894	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		29,736,069	3,728	30,638,639	5,559	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/25/2019 3:35 pm				
		Title XIX	Hospital	Cost				
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.194743	7,854,000	0	0	1,529,512	50.00
51.00	05100	RECOVERY ROOM	0.138810	384,534	0	0	53,377	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.257516	12,715	0	0	3,274	52.00
53.00	05300	ANESTHESIOLOGY	0.003665	386,713	0	0	1,417	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.158869	1,458,228	0	0	231,667	54.00
54.02	05402	ULTRASOUND	0.058316	306,101	0	0	17,851	54.02
54.03	05403	NUCLEAR MEDICINE	0.118705	753,110	0	0	89,398	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.044859	1,092,343	0	0	49,001	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.083711	427,238	0	0	35,765	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.038615	2,162,264	0	0	83,496	59.00
60.00	06000	LABORATORY	0.160853	2,472,430	0	0	397,698	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.173760	68,808	0	0	11,956	63.00
64.00	06400	INTRAVENOUS THERAPY	0.208337	590,287	0	0	122,979	64.00
65.00	06500	RESPIRATORY THERAPY	0.338055	129,137	0	0	43,655	65.00
66.00	06600	PHYSICAL THERAPY	0.399718	184,296	0	0	73,666	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.199195	14,479	0	0	2,884	67.00
68.00	06800	SPEECH PATHOLOGY	0.202014	6,975	0	0	1,409	68.00
69.00	06900	ELECTROCARDIOLOGY	0.040471	1,187,341	0	0	48,053	69.00
69.02	06902	CARDIAC REHAB	1.032844	48,295	0	0	49,881	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.141260	154,642	0	0	21,845	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.056593	1,547,744	0	0	87,591	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.278214	1,263,360	0	0	351,484	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.276893	4,601,707	0	0	1,274,180	73.00
74.00	07400	RENAL DIALYSIS	0.261277	13,627	0	0	3,560	74.00
76.00	03951	ECT	0.085153	56,559	0	0	4,816	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.403748	17,741	0	0	24,904	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.381497	107,749	0	0	41,106	90.00
90.01	09001	OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004	BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.110517	2,380,953	0	0	263,136	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.143111	514,200	0	0	73,588	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.726032	211,169	0	0	153,315	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1.042210	132,035	0	0		95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.468137	229,894	0	0	107,622	97.00
98.00	09850	HOME OFFICE	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		30,638,639	0	0	5,391,694	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		30,638,639	0	0	5,391,694	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/25/2019 3:35 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05403 NUCLEAR MEDICINE	0	0		54.03
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.02 06902 CARDIAC REHAB	0	0		69.02
69.03 06903 DIABETIC EDUCATION	0	0		69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03951 ECT	0	0		76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OUTPATIENT PSYCH	0	0		90.01
90.02 09002 PEDS CLINIC	0	0		90.02
90.04 09004 BARIATRICS	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 HOME OFFICE	0	0		98.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm
Title XIX		Subprovider - IPF	Cost

Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02 05402 ULTRASOUND	0	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02 06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	296,614	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03951 ECT	0	0	0	0	0	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0	98.00
200.00 Total (lines 50 through 199)	0	0	0	0	296,614	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm
Title XIX		Subprovider - IPF	Cost

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	454,583,464	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	28,177,235	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	21,114,842	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	36,273,010	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	67,108,230	0.000000	54.00
54.02 05402 ULTRASOUND	0	0	0	17,646,692	0.000000	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	34,776,772	0.000000	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	61,136,325	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,250,034	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	155,195,410	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	139,498,396	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,161,460	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	34,933,967	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	17,360,958	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	17,511,928	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	12,042,228	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,322,382	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69,181,851	0.000000	69.00
69.02 06902 CARDIAC REHAB	0	0	0	1,839,769	0.000000	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,372,566	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	105,598,620	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	109,188,602	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	296,614	296,614	245,613,173	0.001208	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	5,572,982	0.000000	74.00
76.00 03951 ECT	0	0	0	2,711,168	0.000000	76.00
76.01 03950 MOBILE OUTREACH CLINIC	0	0	0	674,607	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	4,141,242	0.000000	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	0	0.000000	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04 09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00 09100 EMERGENCY	0	0	0	123,101,589	0.000000	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	28,288,640	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,090,642	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,741,733	0.000000	97.00
98.00 09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	296,614	296,614	1,859,210,517		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	1,055	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	28,105	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	8,585	0	0	0	54.00
54.02	05402 ULTRASOUND	0.000000	1,682	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	3,483	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	13,510	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	973	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	44,089	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	3,133	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,228	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	5,429	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	4,475	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,705	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	9,374	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	9,248	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	43	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001208	115,347	139	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03951 ECT	0.000000	38,903	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	27,182	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		317,549	139	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm
Title XIX		Subprovider - IRF	Cost

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	296,614	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951 ECT	0	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0	98.00
200.00	Total (lines 50 through 199)	0	0	0	0	296,614	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm
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Cost Center Description		All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	454,583,464	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	28,177,235	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	21,114,842	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	36,273,010	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	67,108,230	0.000000	54.00
54.02	05402 ULTRASOUND	0	0	0	17,646,692	0.000000	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	34,776,772	0.000000	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	61,136,325	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,250,034	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	155,195,410	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	139,498,396	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	12,161,460	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	34,933,967	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	17,360,958	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	17,511,928	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	12,042,228	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	4,322,382	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69,181,851	0.000000	69.00
69.02	06902 CARDIAC REHAB	0	0	0	1,839,769	0.000000	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0.000000	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,372,566	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	105,598,620	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	109,188,602	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	296,614	296,614	245,613,173	0.001208	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	5,572,982	0.000000	74.00
76.00	03951 ECT	0	0	0	2,711,168	0.000000	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0	0	0	674,607	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000 CLINIC	0	0	0	4,141,242	0.000000	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	0	0.000000	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0.000000	90.02
90.04	09004 BARIATRICS	0	0	0	0	0.000000	90.04
91.00	09100 EMERGENCY	0	0	0	123,101,589	0.000000	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	28,288,640	0.000000	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	12,090,642	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	8,741,733	0.000000	97.00
98.00	09850 HOME OFFICE	0	0	0	0	0.000000	98.00
200.00	Total (lines 50 through 199)	0	296,614	296,614	1,859,210,517		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/25/2019 3:35 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	1,059	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	166	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,457	0	0	0	54.00
54.02	05402 ULTRASOUND	0.000000	736	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0.000000	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	1,441	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	123	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	88	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	10,033	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	357	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	309	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	749	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	56,521	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	63,553	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	27,747	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,031	0	0	0	69.00
69.02	06902 CARDIAC REHAB	0.000000	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,721	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	345	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001208	18,944	23	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	5,149	0	0	0	74.00
76.00	03951 ECT	0.000000	0	0	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	0.000000	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	0	0	90.04
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	0	0	98.00
200.00	Total (lines 50 through 199)		196,529	23	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 3:35 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,373	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,373	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		37,935	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		15,701	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		44,060,934	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		44,060,934	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		44,060,934	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		930.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,603,343	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		14,603,343	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	16,640,076	11,094	1,499.92	5,135	7,702,089	43.00
43.02	NICU	6,460,618	4,981	1,297.05	0	0	43.02
44.00	CORONARY CARE UNIT	2,374,487	1,170	2,029.48	503	1,020,828	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48,307,804	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					71,634,064	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,830,800	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,545,206	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,376,006	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					67,258,058	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					9,438	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					930.09	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,778,189	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/25/2019 3:35 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,682,512	44,060,934	0.083578	8,778,189	733,663	90.00
91.00	Nursing School cost	0	44,060,934	0.000000	8,778,189	0	91.00
92.00	Allied health cost	0	44,060,934	0.000000	8,778,189	0	92.00
93.00	All other Medical Education	0	44,060,934	0.000000	8,778,189	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 3:35 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,994	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,994	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,994	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		898	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,936,941	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,936,941	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,936,941	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		735.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		660,335	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		660,335	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1	
				Component CCN: 15-S100	Date/Time Prepared: 11/25/2019 3:35 pm		
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					158,885	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					819,220	49.00	
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					56,358	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,095	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					63,453	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					755,767	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/25/2019 3:35 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	250,662	2,936,941	0.085348	0	0	90.00
91.00	Nursing School cost	0	2,936,941	0.000000	0	0	91.00
92.00	Allied health cost	0	2,936,941	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,936,941	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 3:35 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,930	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,930	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,930	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,791	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,634,633	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,634,633	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,634,633	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		940.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,623,791	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,623,791	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1	
				Component CCN: 15-T100		Date/Time Prepared: 11/25/2019 3:35 pm	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.02 NICU	0	0	0.00	0	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,801,069	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						4,424,860	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						342,037	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						64,546	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						406,583	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						4,018,277	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/25/2019 3:35 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	604,171	4,634,633	0.130360	0	0	90.00
91.00	Nursing School cost	0	4,634,633	0.000000	0	0	91.00
92.00	Allied health cost	0	4,634,633	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,634,633	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 3:35 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,373	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,373	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		37,935	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,077	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,372	15.00
16.00	Nursery days (title V or XIX only)		1,469	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		44,060,934	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		44,060,934	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		44,060,934	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		930.09	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,001,707	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,001,707	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 11/25/2019 3:35 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,598,492	2,372	673.90	1,469	989,959	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	16,640,076	11,094	1,499.92	235	352,481	43.00
43.02	NICU	6,460,618	4,981	1,297.05	447	579,781	43.02
44.00	CORONARY CARE UNIT	2,374,487	1,170	2,029.48	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,048,048	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,971,976	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					9,438	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					930.09	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,778,189	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/25/2019 3:35 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,682,512	44,060,934	0.083578	8,778,189	733,663	90.00
91.00	Nursing School cost	0	44,060,934	0.000000	8,778,189	0	91.00
92.00	Allied health cost	0	44,060,934	0.000000	8,778,189	0	92.00
93.00	All other Medical Education	0	44,060,934	0.000000	8,778,189	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 3:35 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,994 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,994 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			3,994 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,221 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,372 15.00
16.00	Nursery days (title V or XIX only)			1,469 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			2,936,941 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			2,936,941 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			2,936,941 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			735.34 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			897,850 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			897,850 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1	
				Component CCN: 15-S100	Date/Time Prepared: 11/25/2019 3:35 pm		
				Title XIX	Subprovider - IPF	Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					53,496	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					951,346	49.00	
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-S100		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/25/2019 3:35 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	250,662	2,936,941	0.085348	0	0	90.00
91.00	Nursing School cost	0	2,936,941	0.000000	0	0	91.00
92.00	Allied health cost	0	2,936,941	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,936,941	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/25/2019 3:35 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,930 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,930 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,930 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			62 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,372 15.00
16.00	Nursery days (title V or XIX only)			1,469 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,634,633 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,634,633 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,634,633 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			940.09 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			58,286 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			58,286 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1	
		Component CCN: 15-T100				Date/Time Prepared: 11/25/2019 3:35 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.02	NICU	0	0	0.00	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				50,516		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				108,802		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				0		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				0		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0100 Component CCN: 15-T100		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 11/25/2019 3:35 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	604,171	4,634,633	0.130360	0	0	90.00
91.00	Nursing School cost	0	4,634,633	0.000000	0	0	91.00
92.00	Allied health cost	0	4,634,633	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,634,633	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 3:35 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		18,391,209	30.00
31.00	03100	INTENSIVE CARE UNIT		10,758,344	31.00
31.02	03102	NICU		0	31.02
32.00	03200	CORONARY CARE UNIT		1,301,901	32.00
40.00	04000	SUBPROVIDER - I/PF		8,192	40.00
41.00	04100	SUBPROVIDER - I/RP		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.194795	90,196,360	50.00
51.00	05100	RECOVERY ROOM	0.138810	4,503,481	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.257516	5,876	52.00
53.00	05300	ANESTHESIOLOGY	0.003665	10,054,324	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.158869	5,085,519	54.00
54.02	05402	ULTRASOUND	0.058316	2,606,776	54.02
54.03	05403	NUCLEAR MEDICINE	0.118705	3,226,549	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.044859	7,937,008	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.083711	1,621,900	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.038615	11,300,424	59.00
60.00	06000	LABORATORY	0.160853	18,889,159	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.173760	3,093,972	63.00
64.00	06400	INTRAVENOUS THERAPY	0.208337	4,713,964	64.00
65.00	06500	RESPIRATORY THERAPY	0.338055	3,886,132	65.00
66.00	06600	PHYSICAL THERAPY	0.399718	3,184,084	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.199195	2,831,401	67.00
68.00	06800	SPEECH PATHOLOGY	0.202014	921,337	68.00
69.00	06900	ELECTROCARDIOLOGY	0.040471	10,936,277	69.00
69.02	06902	CARDIAC REHAB	1.032844	2,416	69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.141260	372,931	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.056593	18,219,852	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.278214	28,152,530	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.276893	25,008,645	73.00
74.00	07400	RENAL DIALYSIS	0.261277	1,505,938	74.00
76.00	03951	ECT	0.085153	2,458	76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.403748	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.381497	5,742	90.00
90.01	09001	OUTPATIENT PSYCH	0.000000	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	90.02
90.04	09004	BARIATRICS	0.000000	0	90.04
91.00	09100	EMERGENCY	0.110517	12,719,497	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.143111	3,142,146	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.726032	1,888,906	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.468137	0	97.00
98.00	09850	HOME OFFICE	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		276,015,604	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		276,015,604	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 3:35 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
31.02	03102 NICU		0	31.02
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		1,637,523	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.194795	0	50.00
51.00	05100 RECOVERY ROOM	0.138810	125,348	17,400 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.257516	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.003665	138,548	508 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.158869	25,017	3,974 54.00
54.02	05402 ULTRASOUND	0.058316	5,044	294 54.02
54.03	05403 NUCLEAR MEDICINE	0.118705	0	0 54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700 CT SCAN	0.044859	22,173	995 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.083711	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.038615	0	0 59.00
60.00	06000 LABORATORY	0.160853	144,191	23,194 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.173760	0	0 63.00
64.00	06400 INTRAVENOUS THERAPY	0.208337	4,616	962 64.00
65.00	06500 RESPIRATORY THERAPY	0.338055	4,086	1,381 65.00
66.00	06600 PHYSICAL THERAPY	0.399718	12,943	5,174 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.199195	8,735	1,740 67.00
68.00	06800 SPEECH PATHOLOGY	0.202014	398	80 68.00
69.00	06900 ELECTROCARDIOLOGY	0.040471	12,862	521 69.00
69.02	06902 CARDIAC REHAB	1.032844	0	0 69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0 69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.141260	1,021	144 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.056593	14,233	805 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.278214	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.276893	244,566	67,719 73.00
74.00	07400 RENAL DIALYSIS	0.261277	0	0 74.00
76.00	03951 ECT	0.085153	110,226	9,386 76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.403748	0	0 76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000 CLINIC	0.381497	0	0 90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0 90.01
90.02	09002 PEDS CLINIC	0.000000	0	0 90.02
90.04	09004 BARIATRICS	0.000000	0	0 90.04
91.00	09100 EMERGENCY	0.110517	159,720	17,652 91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.143111	0	0 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.726032	9,581	6,956 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.468137	0	0 97.00
98.00	09850 HOME OFFICE	0.000000	0	0 98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,043,308	158,885 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		1,043,308	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 3:35 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
31.02	03102 NICU		0	31.02
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		3,032,677	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.194795	66,790	50.00
51.00	05100 RECOVERY ROOM	0.138810	3,737	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.257516	0	52.00
53.00	05300 ANESTHESIOLOGY	0.003665	10,331	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.158869	36,114	54.00
54.02	05402 ULTRASOUND	0.058316	18,016	54.02
54.03	05403 NUCLEAR MEDICINE	0.118705	2,885	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	56.00
57.00	05700 CT SCAN	0.044859	45,568	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.083711	15,774	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.038615	0	59.00
60.00	06000 LABORATORY	0.160853	352,353	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.173760	15,334	63.00
64.00	06400 INTRAVENOUS THERAPY	0.208337	52,688	64.00
65.00	06500 RESPIRATORY THERAPY	0.338055	20,851	65.00
66.00	06600 PHYSICAL THERAPY	0.399718	2,051,581	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.199195	2,283,221	67.00
68.00	06800 SPEECH PATHOLOGY	0.202014	1,023,330	68.00
69.00	06900 ELECTROCARDIOLOGY	0.040471	8,189	69.00
69.02	06902 CARDIAC REHAB	1.032844	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.141260	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.056593	92,583	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.278214	15,558	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.276893	633,284	73.00
74.00	07400 RENAL DIALYSIS	0.261277	96,924	74.00
76.00	03951 ECT	0.085153	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.403748	0	76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.381497	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	90.02
90.04	09004 BARIATRICS	0.000000	0	90.04
91.00	09100 EMERGENCY	0.110517	5,352	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.143111	15,565	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.726032	6,418	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.468137	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		6,872,446	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net charges (line 200 minus line 201)		6,872,446	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/25/2019 3:35 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		852,721	30.00
31.00	03100	INTENSIVE CARE UNIT		1,640,571	31.00
31.02	03102	NICU		397,764	31.02
32.00	03200	CORONARY CARE UNIT		140,145	32.00
40.00	04000	SUBPROVIDER - I/PF		323,328	40.00
41.00	04100	SUBPROVIDER - I/RP		235,136	41.00
43.00	04300	NURSERY		1,272,273	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.194743	6,812,998	1,326,784 50.00
51.00	05100	RECOVERY ROOM	0.138810	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.257516	901,128	232,055 52.00
53.00	05300	ANESTHESIOLOGY	0.003665	942,152	3,453 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.158869	509,640	80,966 54.00
54.02	05402	ULTRASOUND	0.058316	262,463	15,306 54.02
54.03	05403	NUCLEAR MEDICINE	0.118705	268,376	31,858 54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.044859	856,377	38,416 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.083711	175,015	14,651 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.038615	3,187,967	123,103 59.00
60.00	06000	LABORATORY	0.160853	1,987,313	319,665 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.173760	416,922	72,444 63.00
64.00	06400	INTRAVENOUS THERAPY	0.208337	545,619	113,673 64.00
65.00	06500	RESPIRATORY THERAPY	0.338055	543,843	183,849 65.00
66.00	06600	PHYSICAL THERAPY	0.399718	458,842	183,407 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.199195	501,931	99,982 67.00
68.00	06800	SPEECH PATHOLOGY	0.202014	177,207	35,798 68.00
69.00	06900	ELECTROCARDIOLOGY	0.040471	1,050,034	42,496 69.00
69.02	06902	CARDIAC REHAB	1.032844	160	165 69.02
69.03	06903	DIABETIC EDUCATION	0.000000	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.141260	108,900	15,383 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.056593	2,042,154	115,572 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.278214	2,671,192	743,163 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.276893	3,086,341	854,586 73.00
74.00	07400	RENAL DIALYSIS	0.261277	220,785	57,686 74.00
76.00	03951	ECT	0.085153	24,497	2,086 76.00
76.01	03950	MOBILE OUTREACH CLINIC	1.403748	6	8 76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.381497	1,954	745 90.00
90.01	09001	OUTPATIENT PSYCH	0.000000	0	0 90.01
90.02	09002	PEDS CLINIC	0.000000	0	0 90.02
90.04	09004	BARIATRICS	0.000000	0	0 90.04
91.00	09100	EMERGENCY	0.110517	1,423,045	157,271 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.143111	381,715	54,628 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.726032	177,430	128,820 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.468137	63	29 97.00
98.00	09850	HOME OFFICE	0.000000	0	0 98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		29,736,069	5,048,048 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		29,736,069	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3	
		Component CCN: 15-S100		Date/Time Prepared: 11/25/2019 3:35 pm	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		691,208		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.194743	1,055	205	50.00
51.00	05100 RECOVERY ROOM	0.138810	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.257516	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.003665	28,105	103	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.158869	8,585	1,364	54.00
54.02	05402 ULTRASOUND	0.058316	1,682	98	54.02
54.03	05403 NUCLEAR MEDICINE	0.118705	3,483	413	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.044859	13,510	606	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.083711	973	81	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.038615	0	0	59.00
60.00	06000 LABORATORY	0.160853	44,089	7,092	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.173760	3,133	544	63.00
64.00	06400 INTRAVENOUS THERAPY	0.208337	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.338055	1,228	415	65.00
66.00	06600 PHYSICAL THERAPY	0.399718	5,429	2,170	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.199195	4,475	891	67.00
68.00	06800 SPEECH PATHOLOGY	0.202014	1,705	344	68.00
69.00	06900 ELECTROCARDIOLOGY	0.040471	9,374	379	69.00
69.02	06902 CARDIAC REHAB	1.032844	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.141260	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.056593	9,248	523	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.278214	43	12	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.276893	115,347	31,939	73.00
74.00	07400 RENAL DIALYSIS	0.261277	0	0	74.00
76.00	03951 ECT	0.085153	38,903	3,313	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.403748	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.381497	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.110517	27,182	3,004	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.143111	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.726032	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.468137	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		317,549	53,496	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		317,549		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3	
		Component CCN: 15-T100		Date/Time Prepared: 11/25/2019 3:35 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		86,646		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.194743	1,059	206	50.00
51.00	05100 RECOVERY ROOM	0.138810	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.257516	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.003665	166	1	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.158869	1,457	231	54.00
54.02	05402 ULTRASOUND	0.058316	736	43	54.02
54.03	05403 NUCLEAR MEDICINE	0.118705	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.044859	1,441	65	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.083711	123	10	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.038615	88	3	59.00
60.00	06000 LABORATORY	0.160853	10,033	1,614	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.173760	357	62	63.00
64.00	06400 INTRAVENOUS THERAPY	0.208337	309	64	64.00
65.00	06500 RESPIRATORY THERAPY	0.338055	749	253	65.00
66.00	06600 PHYSICAL THERAPY	0.399718	56,521	22,592	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.199195	63,553	12,659	67.00
68.00	06800 SPEECH PATHOLOGY	0.202014	27,747	5,605	68.00
69.00	06900 ELECTROCARDIOLOGY	0.040471	1,031	42	69.00
69.02	06902 CARDIAC REHAB	1.032844	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0.000000	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.141260	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.056593	6,721	380	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.278214	345	96	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.276893	18,944	5,245	73.00
74.00	07400 RENAL DIALYSIS	0.261277	5,149	1,345	74.00
76.00	03951 ECT	0.085153	0	0	76.00
76.01	03950 MOBILE OUTREACH CLINIC	1.403748	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.381497	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0.000000	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.110517	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.143111	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.726032	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.468137	0	0	97.00
98.00	09850 HOME OFFICE	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		196,529	50,516	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		196,529		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 3:35 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		12,364,454	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		38,077,027	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		2,380,477	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		17,054,537	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		374.14	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		16.42	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		5.20	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		6.56	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		4.66	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		6.00	11.00
12.00	Current year allowable FTE (see instructions)		6.00	12.00
13.00	Total allowable FTE count for the prior year.		6.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		6.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		6.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		6.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.016037	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.015592	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.015592	21.00
22.00	IME payment adjustment (see instructions)		428,046	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		144,725	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-4.66	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		428,046	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		144,725	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.55	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.42	31.00
32.00	Sum of lines 30 and 31		29.97	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.94	33.00
34.00	Disproportionate share adjustment (see instructions)		1,757,886	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 3:35 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		3,282,476	4,806,080	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		827,364	3,594,684	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,422,048		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		59,429,938		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
			Amount		
			1.00		
49.00	Total payment for inpatient operating costs (see instructions)		59,574,663		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,423,275		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		191,010		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		15,711		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		30,210		58.00
59.00	Total (sum of amounts on lines 49 through 58)		64,234,869		59.00
60.00	Primary payer payments		6,755		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		64,228,114		61.00
62.00	Deductibles billed to program beneficiaries		5,076,059		62.00
63.00	Coinurance billed to program beneficiaries		136,721		63.00
64.00	Allowable bad debts (see instructions)		60,359		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		39,233		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		18,795		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		59,054,567		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS		-500		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-8,779		70.93
70.94	HRR adjustment amount (see instructions)		-610,083		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/25/2019 3:35 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		146,365	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		58,288,840	71.00
71.01	Sequestration adjustment (see instructions)		1,165,777	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		56,618,125	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		504,938	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,017,929	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/25/2019 3:35 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,364,454	0	12,364,454		12,364,454	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	38,077,027	0		38,077,027	38,077,027	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	2,380,477	0	0	2,380,477	2,380,477	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	17,054,537	0	3,910,331	13,144,206	17,054,537	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.015592	0.015592	0.015592	0.015592		5.00
6.00	IME payment adjustment (see instructions)	22.00	428,046	0	104,925	323,121	428,046	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	144,725	0	0	144,725	144,725	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	428,046	0	104,925	323,121	428,046	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	144,725	0	0	144,725	144,725	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1394	0.1394	0.1394	0.1394		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,757,886	0	430,901	1,326,985	1,757,886	11.00
11.01	Uncompensated care payments	36.00	4,422,048	0	788,412	2,055,705	2,844,117	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	59,429,938	0	13,688,692	45,741,246	59,429,938	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	59,574,663	0	13,688,692	45,885,971	59,574,663	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,423,275	0	1,076,845	3,346,430	4,423,275	16.00
17.00	Special add-on payments for new technologies	54.00	15,711	0	15,711	0	15,711	17.00
17.01	Net organ aquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/25/2019 3:35 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	14,781,248	49,232,401	64,013,649	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,075,231	0	999,366	3,075,865	4,075,231	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	48,515	0	4,026	44,489	48,515	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0109	0.0109	0.0109	0.0109		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	44,420	0	10,893	33,527	44,420	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0626	0.0626	0.0626	0.0626		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	255,109	0	62,560	192,549	255,109	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,423,275	0	1,076,845	3,346,430	4,423,275	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0100		Period: From 07/01/2018 To 06/30/2019		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/25/2019 3:35 pm	
Title XVIII				Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	12,364,454	12,364,454		12,364,454	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	38,077,027		38,077,027	38,077,027	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	2,380,477	0	2,380,477	2,380,477	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	17,054,537	3,910,331	13,144,206	17,054,537	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.015592	0.015592	0.015592		5.00
6.00	IME payment adjustment (see instructions)	22.00	428,046	104,925	323,121	428,046	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	144,725	33,183	111,542	144,725	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	428,046	104,925	323,121	428,046	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	144,725	33,183	111,542	144,725	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1394	0.1394	0.1394		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,757,886	430,901	1,326,985	1,757,886	11.00
11.01	Uncompensated care payments	36.00	4,422,048	827,364	3,594,684	4,422,048	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	59,429,938	13,727,644	45,702,294	59,429,938	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	59,574,663	13,760,827	45,813,836	59,574,663	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,423,275	1,076,845	3,346,430	4,423,275	16.00
17.00	Special add-on payments for new technologies	54.00	15,711	15,711	0	15,711	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			14,853,383	49,160,266	64,013,649	19.00

		Title XVIII			Hospital	PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,075,231	999,366	3,075,865	4,075,231	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	48,515	4,026	44,489	48,515	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0109	0.0109	0.0109		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	44,420	10,893	33,527	44,420	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0626	0.0626	0.0626		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	255,109	62,560	192,549	255,109	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,423,275	1,076,845	3,346,430	4,423,275	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-8,779	965	-9,744	-8,779	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-610,083	-217,890	-392,193	-610,083	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		146,365	0	146,365	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/25/2019 3:35 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		16,467	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		52,104,275	2.00
3.00	OPPS payments		42,994,933	3.00
4.00	Outlier payment (see instructions)		705,981	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		43,565	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		16,467	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		59,471	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		59,471	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		59,471	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		43,004	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		16,467	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		43,744,479	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		7,604,798	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		36,156,148	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		129,612	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		36,285,760	30.00
31.00	Primary payer payments		3,218	31.00
32.00	Subtotal (line 30 minus line 31)		36,282,542	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		543,256	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		353,116	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		468,572	36.00
37.00	Subtotal (see instructions)		36,635,658	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-286	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		36,635,944	40.00
40.01	Sequestration adjustment (see instructions)		732,719	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		36,116,218	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-212,993	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/25/2019 3:35 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		58	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		178	2.00
3.00	OPPS payments		177	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		1	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		58	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		208	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		208	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		208	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		150	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		58	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		178	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		236	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		236	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		236	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		236	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		236	40.00
40.01	Sequestration adjustment (see instructions)		5	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		214	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		17	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/25/2019 3:35 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		97	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		285	2.00
3.00	OPPS payments		281	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		1	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		97	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		349	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		349	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		349	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		252	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		97	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		282	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		379	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		379	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		379	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		379	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		379	40.00
40.01	Sequestration adjustment (see instructions)		8	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		344	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		27	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet E-1
Part I
Date/Time Prepared:
11/25/2019 3:35 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		56,567,125		36,058,318	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	01/16/2019	51,000	01/16/2019	57,900	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		51,000		57,900	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		56,618,125		36,116,218	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		504,938		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		212,993	6.02	
7.00	Total Medicare program liability (see instructions)		57,123,063		35,903,225	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0100
Component CCN: 15-S100

Period:
From 07/01/2018
To 06/30/2019

Worksheet E-1
Part I
Date/Time Prepared:
11/25/2019 3:35 pm
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		701,888		214	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		701,888		214	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		4,531		17	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		706,419		231	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2018 To 06/30/2019	Worksheet E-1 Part I Date/Time Prepared: 11/25/2019 3:35 pm	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,371,448		344
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,371,448		344
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		27
6.02	SETTLEMENT TO PROGRAM		51,319		0
7.00	Total Medicare program liability (see instructions)		4,320,129		371
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet E-1 Part II Date/Time Prepared: 11/25/2019 3:35 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 11/25/2019 3:35 pm
	Title XVIII	Subprovider - IPF	PPS

	1.00	
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PART II - MEDICARE PART A SERVICES - IPF PPS			
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	719,268	1.00
2.00	Net IPF PPS Outlier Payments	60,989	2.00
3.00	Net IPF PPS ECT Payments	27,876	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	10.942466	9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	808,133	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)	0	15.00
16.00	Subtotal (see instructions)	808,133	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	808,133	18.00
19.00	Deductibles	67,648	19.00
20.00	Subtotal (line 18 minus line 19)	740,485	20.00
21.00	Coinsurance	24,264	21.00
22.00	Subtotal (line 20 minus line 21)	716,221	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	6,646	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	4,320	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	5,306	25.00
26.00	Subtotal (sum of lines 22 and 24)	720,541	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	295	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	30.50
30.99	Demonstration payment adjustment amount before sequestration	0	30.99
31.00	Total amount payable to the provider (see instructions)	720,836	31.00
31.01	Sequestration adjustment (see instructions)	14,417	31.01
31.02	Demonstration payment adjustment amount after sequestration	0	31.02
32.00	Interim payments	701,888	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)	4,531	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	60,989	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part III Date/Time Prepared: 11/25/2019 3:35 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,196,764 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0533 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			210,258 3.00
4.00	Outlier Payments			73,092 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			13.506849 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,480,114 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,480,114 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,480,114 19.00
20.00	Deductibles			59,656 20.00
21.00	Subtotal (line 19 minus line 20)			4,420,458 21.00
22.00	Coinsurance			12,928 22.00
23.00	Subtotal (line 21 minus line 22)			4,407,530 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,407,530 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			765 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,408,295 32.00
32.01	Sequestration adjustment (see instructions)			88,166 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			4,371,448 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-51,319 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			31,895 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			73,092 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2019 3:35 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		7,971,976		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		7,971,976	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		7,971,976	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		4,861,939		8.00
9.00	Ancillary service charges		29,736,069	30,638,639	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		34,598,008	30,638,639	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		34,598,008	30,638,639	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		26,626,032	30,638,639	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		7,971,976	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		7,971,976	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		7,971,976	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		7,971,976	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		7,971,976	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		7,971,976	0	40.00
41.00	Interim payments		7,971,976	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-S100	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2019 3:35 pm	
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		951,346		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		951,346	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		951,346	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		691,208		8.00
9.00	Ancillary service charges		317,549	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		1,008,757	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		1,008,757	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		57,411	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		951,346	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		951,346	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		951,346	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		951,346	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		951,346	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		951,346	0	40.00
41.00	Interim payments		951,346	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0100 Component CCN: 15-T100	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/25/2019 3:35 pm	
		Title XIX	Subprovider - IRF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		108,802		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		108,802	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		108,802	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		86,646		8.00
9.00	Ancillary service charges		196,529	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		283,175	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		283,175	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		174,373	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		108,802	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		108,802	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		108,802	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		108,802	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		108,802	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		108,802	0	40.00
41.00	Interim payments		108,802	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/25/2019 3:35 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			7.29	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			10.71	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		6.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	6.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	6.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	6.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	6.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	6.00		17.00
18.00	Per resident amount	112,842.22	106,851.63		18.00
19.00	Approved amount for resident costs	0	641,110	641,110	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			641,110	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	25,028	8,894		26.00
27.00	Total Inpatient Days (see instructions)	65,317	65,317		27.00
28.00	Ratio of inpatient days to total inpatient days	0.383177	0.136167		28.00
29.00	Program direct GME amount	245,659	87,298		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		12,335		30.00
31.00	Net Program direct GME amount			320,622	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/25/2019 3:35 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,572,982	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		76,878,144	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		6,755	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		76,871,389	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		52,164,927	42.00
43.00	Primary payer payments (see instructions)		3,218	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		52,161,709	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		129,033,098	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.595749	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.404251	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		320,622	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		191,010	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		129,612	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet G
Date/Time Prepared:
11/25/2019 3:35 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	4,753,135	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	273,902,616	0	0	0	4.00
5.00	Other receivable	26,744,715	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-171,126,778	0	0	0	6.00
7.00	Inventory	10,958,425	0	0	0	7.00
8.00	Prepaid expenses	817,176	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	408,029	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	146,457,318	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,736,792	0	0	0	12.00
13.00	Land improvements	8,918,498	0	0	0	13.00
14.00	Accumulated depreciation	-7,021,210	0	0	0	14.00
15.00	Buildings	145,646,581	0	0	0	15.00
16.00	Accumulated depreciation	-151,531,909	0	0	0	16.00
17.00	Leasehold improvements	12,280,076	0	0	0	17.00
18.00	Accumulated depreciation	-8,590,292	0	0	0	18.00
19.00	Fixed equipment	70,261,611	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	2,389,114	0	0	0	21.00
22.00	Accumulated depreciation	-2,071,759	0	0	0	22.00
23.00	Major movable equipment	149,322,748	0	0	0	23.00
24.00	Accumulated depreciation	-125,590,095	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	101,750,155	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	49,052,216	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	49,052,216	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	297,259,689	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	29,088,902	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,505,219	0	0	0	38.00
39.00	Payroll taxes payable	1,132,392	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,185,238	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	66,971,591	0	0	0	43.00
44.00	Other current liabilities	7,743,994	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	115,627,336	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	124,627,561	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	124,627,561	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	240,254,897	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	57,004,792				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	57,004,792	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	297,259,689	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-1

Date/Time Prepared:
11/25/2019 3:35 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		-5,063,014		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		91,424,304			2.00
3.00	Total (sum of line 1 and line 2)		86,361,290		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00	Contributions/Donations/Grant Revenue	2,879,945		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00	Rounding	2		0		9.00
10.00	Total additions (sum of line 4-9)		2,879,947		0	10.00
11.00	Subtotal (line 3 plus line 10)		89,241,237		0	11.00
12.00	Transfer to/from affiliates	32,236,445		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		32,236,445		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		57,004,792		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00	Contributions/Donations/Grant Revenue		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00	Rounding		0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Transfer to/from affiliates		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2019 3:35 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	77,260,450		77,260,450	1.00
2.00	SUBPROVIDER - IPF	7,402,642		7,402,642	2.00
3.00	SUBPROVIDER - IRF	5,456,930		5,456,930	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	90,120,022		90,120,022	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	31,442,005		31,442,005	11.00
11.02	NICU	10,043,685		10,043,685	11.02
12.00	CORONARY CARE UNIT	4,065,662		4,065,662	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	45,551,352		45,551,352	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	135,671,374		135,671,374	17.00
18.00	Ancillary services	632,057,130	1,026,610,305	1,658,667,435	18.00
19.00	Outpatient services	41,401,572	117,282,544	158,684,116	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	0	5,019,797	5,019,797	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	Other Patient Service Revenue	-2,641,501	34,581	-2,606,920	27.00
27.01	Other Patient Service Revenue - Private Physician Offices	211,817	30,649,001	30,860,818	27.01
27.02	DME	0	8,741,733	8,741,733	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	806,700,392	1,188,337,961	1,995,038,353	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		477,106,385		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		477,106,385		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0100

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-3

Date/Time Prepared:
11/25/2019 3:35 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,995,038,353	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,439,806,230	2.00
3.00	Net patient revenues (line 1 minus line 2)	555,232,123	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	477,106,385	4.00
5.00	Net income from service to patients (line 3 minus line 4)	78,125,738	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	98,375	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	163,196	13.00
14.00	Revenue from meals sold to employees and guests	1,582,014	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	8,188,533	17.00
18.00	Revenue from sale of medical records and abstracts	6,626	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	37,854	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	740,328	22.00
23.00	Governmental appropriations	0	23.00
24.00	Other Operating Income	3,125,335	24.00
25.00	Total other income (sum of lines 6-24)	13,942,261	25.00
26.00	Total (line 5 plus line 25)	92,067,999	26.00
27.00	Non-oper expense	643,695	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	643,695	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	91,424,304	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet 1-5 Date/Time Prepared: 11/25/2019 3:35 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Allowable bad debts (sum of lines 5 through line 5.04)	0	0	5.05
6.00	Adjusted reimbursable bad debts (see instructions)	0		6.00
7.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0100	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/25/2019 3:35 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,075,231	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		48,515	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		157.38	3.00
4.00	Number of interns & residents (see instructions)		6.00	4.00
5.00	Indirect medical education percentage (see instructions)		1.09	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		44,420	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.55	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.42	8.00
9.00	Sum of lines 7 and 8		29.97	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.26	10.00
11.00	Disproportionate share adjustment (see instructions)		255,109	11.00
12.00	Total prospective capital payments (see instructions)		4,423,275	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00